Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 1 of 73

| Fill in this information to identify your case: |                               |
|---|-------------------------------|
| United States Bankruptcy Court for the:         |                               |
| Northern District of: Illinois (State)          |                               |
| Case number (if known)                          | Chapter you are filing under: |
|   | Chapter 7 Chapter 11          |
|   | Chapter 12 Chapter 13         |

#### Official Form 101

#### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yoursel                           | f                          |   |
|--|----------------------------|---|
|  | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| Your full name                                     | Patrina                    |   |
| MCI a the consent that I are                       | First name                 | First name                                    |
| Write the name that is on your government-issued   | A<br>Middle name           | Middle name                                   |
| picture identification (for example, your driver's |                            | Middle name                                   |
| license or passport                                | Clay<br>Last name          | Last name                                     |
| Bring your picture                                 |                            |   |
| identification to your meeting with the trustee.   | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. All other names you                             |                            |   |
| have used in the last                              | First name                 | First name                                    |
| 8 years  | Middle name                | Middle name                                   |
| Include your married or                            | Middle name                | Middle Harrie                                 |
| maiden names.                                      | Last name                  | Last name                                     |
|  | First name                 | First name                                    |
|  |                            |   |
|  | Middle name                | Middle name                                   |
|  | Last name                  | Last name                                     |
| 3. Only the last 4 digits of your Social           | XXX - XX- 1380             | xxx - xx-                                     |
| Security number or federal Individual              | OR                         | OR  |
| Taxpayer Identification numbe                      | 9 xx - xx-                 | 9 xx - xx-                                    |
| (ITIN)   |                            |   |

# Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 2 of 73

| D  | ebtor 1 Patrina<br>First Name                          | A Clay Middle Name Last Name   | Case number (if known)   |
|----|--|--|--|
|    |  |  |  |
|    |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. | Any business names and Employer                        | I have not used any business names or EINs.  | I have not used any business names or EINs.  |
|    | Identification Numbers (EIN) you have used in the last | Business name  | Business name  |
|    | 8 years  | Business name  | Business name  |
|    | Include trade names and doing business as names        | EIN  | EIN  |
|    |  | EIN  | EIN  |
| 5. | Where you live   |  | If Debtor 2 lives at a different address:  |
|    |  | A424 S. Indiana Ave., 4 South  Number Street   | Number Street  |
|    |  | Chicago Illinois 60653   |  |
|    |  | City State Zip Code Cook   | City State Zip Code  |
|    |  | County   | County   |
|    |  | If your mailing address is different from the one  | If Debtor 2's mailing address is different from yours,   |
|    |  | above, fill it in here. Note that the court will send any  | fill it in here. Note that the court will send any notices to  |
|    |  | notices to you at this mailing address.  | this mailing address.  |
|    |  | Number Street  | Number Street  |
|    |  |  |  |
|    |  | City State Zip Code  | City State Zip Code  |
| 6. | Why you are choosing this district                     | Check one:   | Check one:   |
|    | to file for bankruptcy                                 | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
|    |  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |

# Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 3 of 73

| De  | Patrina First Name  | A<br>Middle Nam  | e Last Nam   | 10   | Case number (if kno  | own)   |   |
|-----|---|--|--|--|--|--|---|
| Pa  | rt 2: Tell the Court Abo  |  |  | ie   |  |  |   |
|     | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under  | Check one. (For a  | brief description of ear<br>B2010)). Also, go to th  |  |  |  | ndividuals Filing for   |
| 8.  | How you will pay the fee  | more details a cashier's chee may pay with  I need to pay Individuals to I request that judge may, but the official poyou choose the | about how you may p<br>ck, or money order. If<br>a credit card or chec<br>the fee in installme<br>o Pay Your Filing Fee<br>the the waived<br>ut is not required to,<br>overty line that applie | pay. Typically, if your attorney is something the pre-printer of the p | ou are paying the submitting your ed address.  This option, significial Form 103 this option only d may do so on ze and you are use. | e fee yourself, payment on your and attach to A).  If you are filing the file of the pay to p | ice in your local court for you may pay with cash, our behalf, your attorney the Application for ag for Chapter 7. By law, a me is less than 150% of the fee in installments). If illing Fee Waived (Official |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | No.  Yes. District  District   | Northern District of Illin   |  | 2/13/2014<br>MM / DD / YYYY<br>3/6/2017<br>MM / DD / YYYY  | Case number  Case number  Case number  | 14-04589<br>17-06852  |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ✓ No.  Yes. Debtor District Debtor District  |  | When When  | MM / DD / YYYY   | Relationship to Case number, Relationship to Case number,  | if known  |
| 11. | Do you rent your residence?   | ✓ No.  | e 12.  r landlord obtained an office of the line 12.  Fill out <i>Initial Statemer</i> this bankruptcy petition  | nt About an Eviction   | -  | st You (Form 10  | 1A) and file it with  |

#### Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 4 of 73

Debtor 1 Patrina Clay Case number (if known) First Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance Bankruptcy Code and sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are vou a small business debtor? I am not filing under Chapter 11. For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have Ⅵ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 5 of 73

Debtor 1 Patrina A Clay Case number (if known)

First Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have ✓ I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan, Attach a copy of the certificate and the payment plan, The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you plan, if any. plan, if any. are not eligible to file. I certify that I asked for credit counseling services ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental I have a mental illness or a mental Incapacity. Incapacity. deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. Disability. My physical disability causes me to Disability. My physical disability causes me to be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 6 of 73

| Debtor 1 Patrina First Name   | A Cla<br>Middle Name Las  | ay Case nu  | umber (if known)   |   |
|---|---|---|--|---|
|   | estions for Reporting Purposes  | e rumo  |  |   |
| 16. What kind of debts do you have?   | No. Go to line 16b. ✓ Yes. Go to line 17.  16b. Are your debts primarily b  | orimarily for a personal, family<br>ousiness debts? Business de<br>vestment or through the oper   | y, or household purpose."  ebts are debts that you incurred tration of the business or investm   | o obtain  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that fur  No.   |   | r exempt property is excluded and a<br>e to unsecured creditors?   | administrative  |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999   | ☐ 1,000-5,000<br>☐ 5,001-10,000<br>☐ 10,001-25,000  | 25,001-50,000<br>50,001-100,00<br>More than 100  | 00  |
| 19. How much do you estimate your assets to be worth?   |   | \$1,000,001-\$10 mil \$10,000,001-\$50 m \$50,000,001-\$100 \$100,000,001-\$500   | nillion  | 01-\$10 billion<br>001-\$50 billion                         |
| 20. How much do you estimate your liabilities to be?  | □ \$0-\$50,000<br>☑ \$50,001-\$100,000<br>□ \$100,001-\$500,000<br>□ \$500,001-\$1 million  | \$1,000,001-\$10 mil \$10,000,001-\$50 m \$50,000,001-\$100 \$100,000,001-\$500   | nillion  | 01-\$10 billion<br>001-\$50 billion                         |
| Part 7: Sign Below  | I have examined this petition, and  | d I declare under penalty of p  | erium that the information provide   |   |
| For you   | correct.  If I have chosen to file under Chaof title 11, United States Code. I under Chapter 7.  If no attorney represents me and out this document, I have obtained I request relief in accordance with I understand making a false state connection with a bankruptcy case both. 18 U.S.C. §§ 152, 1341, 15 | upter 7, I am aware that I may understand the relief available I did not pay or agree to pay ed and read the notice requirent the chapter of title 11, United ement, concealing property, ose can result in fines up to \$2 | proceed, if eligible, under Chapt le under each chapter, and I choose someone who is not an attorney ed by 11 U.S.C. § 342(b). ed States Code, specified in this probtaining money or property b | er 7, 11,12, or 13 ose to proceed to help me fill petition. |
|   | Signature of Debtor 1   |   | Signature of Debtor 2  |   |
|   | Executed on 3/19/2018<br>MM / DD /  | YYYYY   | Executed on  | <del></del>   |

## Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 7 of 73

| Debtor 1 Patrina                                 | Α                         | Clay                  | Case number (if kr.          | nown)   |
|--|---------------------------|-----------------------|------------------------------|---|
| First Name                                       | Middle Name               | Last Name             | <u> </u>                     |   |
| For your attorney, if you are represented by one | eligibility to proceed un | der Chapter 7, 11, 1  | 2, or 13 of title 11, United | ve informed the debtor(s) about<br>States Code, and have explained the<br>so certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice requ | uired by 11 U.S.C. §  | 342(b) and, in a case in wl  | hich § 707(b)(4)(D) applies, certify that I   |
| represented by an                                | have no knowledge afte    | r an inquiry that the | information in the schedu    | les filed with the petition is incorrect.   |
| attorney, you do not                             | 4.0                       |                       |                              |   |
| need to file this page.                          | /s/ Elise Harmening       | 1                     | <u></u>                      | 3/19/2018   |
|  | Signature of Attorney     | for Debtor            | MM                           | 1 / DD / YYYY   |
|  |                           |                       |                              |   |
|  |                           |                       |                              |   |
|  | Elise Harmening           |                       |                              |   |
|  | Printed name              |                       |                              |   |
|  | Semrad Law Firm           |                       |                              |   |
|  | Firm name                 |                       |                              |   |
|  | 20 S. Clark Street        |                       |                              |   |
|  | Street                    |                       |                              |   |
|  | 28th Floor                |                       |                              |   |
|  |                           |                       |                              |   |
|  | Chicago                   |                       | Illinois                     | 60603   |
|  | City                      |                       | State                        | Zip Code  |
|  |                           |                       |                              |   |
|  | Contact phone             | 3124852095            | Email address                | eharmening@semradlaw.com  |
|  |                           |                       | _                            | -   |
|  | 6325657                   |                       | Illinois                     |   |
|  | Bar number                |                       | State                        |   |

#### Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 8 of 73

| Fill in this infor     | mation to identify your c | ase:        |                      |
|------------------------|---------------------------|-------------|----------------------|
| Debtor 1               | Patrina                   | Α           | Clay                 |
|                        | First Name                | Middle Name | Last Name            |
| Debtor 2               |                           |             |                      |
| (Spouse, if filing)    | First Name                | Middle Name | Last Name            |
| United States E        | Bankruptcy Court for the: | Northern    | District of Illinois |
|                        |                           |             | (State)              |
| Case number (If known) |                           |             |                      |

| П | Check if this is an |
|---|---------------------|
| _ | amended filing      |

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|  | Your assets           |
|--|-----------------------|
|  | Value of what you own |
| . Schedule A/B: Property (Official Form 106A/B)  | \$0.00                |
| 1a. Copy line 55, Total real estate, from Schedule A/B   | <del></del>           |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$10,031.00           |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$10,031.00           |
|  |                       |
| Part 2: Summarize Your Liabilities   |                       |
|  | Your liabilities      |
|  | Amount you owe        |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)                                  | 000.004.00            |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$22,681.00           |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  | \$7,000.00            |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                     | -                     |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                  | \$36,723.10           |
| Your total liabilities   | \$66,404.10           |
|  | -                     |
| Part 3: Summarize Your Income and Expenses   |                       |
| 4. Schedule I: Your Income (Official Form 106I)  |                       |
| Copy your combined monthly income from line 12 of <i>Schedule I</i>  | \$2,390.20            |
|  |                       |
| 5. Schedule J: Your Expenses (Official Form 106J)  | \$1,715.20            |

Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 9 of 73

| Del  | otor 1 Patrina   | Α  | Clay   | Case number (if known)                   |            |  |  |  |  |  |
|--|--|--|--|--|------------|--|--|--|--|--|
|  | First Name   | Middle Name  | Last Name  |  |            |  |  |  |  |  |
| Part   | 4: Answer These Qu   | uestions for Administrat   | ive and Statistical Record                         | ds                                       |            |  |  |  |  |  |
| 6. <b>/</b>  | Are you filing for bankrupt  | cy under Chapters 7, 11, o   | r 13?  |  |            |  |  |  |  |  |
|  | No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.   |  |  |  |            |  |  |  |  |  |
|  | Yes.   |  |  |  |            |  |  |  |  |  |
| 7. <b>\</b>  | What kind of debt do you l   | have?  |  |  |            |  |  |  |  |  |
|  | Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. |  |  |  |            |  |  |  |  |  |
|  |  | imarily consumer debts. Your other schedules.  | ou have nothing to report on the                   | s part of the form. Check this box and s | ubmit      |  |  |  |  |  |
| 8.   |  | our Current Monthly Incom<br>Form 122B Line 11; <b>OR</b> , Fo                       | e: Copy your total current mon orm 122C-1 Line 14. | thly income from Official                | \$2,682.72 |  |  |  |  |  |
| 9.   | Copy the following spec  | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: |  |  |            |  |  |  |  |  |
|  | From Part 4 on Schedule E/F, copy the following:   |  |  | Total claim                              |            |  |  |  |  |  |
|  | 9a. Domestic support obli  | igations (Copy line 6a.)   |  | \$0.00                                   |            |  |  |  |  |  |
|  | 9b. Taxes and certain other  | er debts you owe the govern  | ment. (Copy line 6b.)                              | \$7,000.00                               |            |  |  |  |  |  |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00 |  |  |  |  |            |  |  |  |  |  |
|  | 9d. Student loans. (Copy   | line 6f.)  |  | \$16,724.00                              |            |  |  |  |  |  |
|  | 9e. Obligations arising ou priority claims. (Copy line   |  | or divorce that you did not repor                  | t as \$0.00                              | _          |  |  |  |  |  |
|  | 9f. Debts to pension or pr   | rofit-sharing plans, and other   | \$0.00   |  |            |  |  |  |  |  |
|  |  |  |  |  |            |  |  |  |  |  |

\$23,724.00

9g. **Total.** Add lines 9a through 9f.

Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 10 of 73

| Fill in this                           | information to identify your o  | case:   | -   |                                    |  |   |
|--|---|---|---|------------------------------------|--|---|
|  |   | _   | Clay  |                                    |  |   |
| Debtor 1                               | Patrina<br>First Name   | A<br>Middle Name  | Clay<br>Last Name   |                                    |  |   |
| Debtor 2<br>(Spouse, if fil            | ing) First Name   | Middle Name   | Last Name   |                                    |  |   |
|  | ites Bankruptcy Court for the:  |   | District of Illinois  |                                    |  |   |
| Case num                               | . ,   |   | (State)   | <del></del>                        |  |   |
| (If known)                             | ber   |   |   |                                    |  |   |
| Officia                                | I Form 106A/B   |   |   |                                    |  | Check if this is an amended filing                          |
| Sched                                  | dule A/B: Prope   | ertv  |   |                                    |  | 12/1  |
| category w<br>responsibl<br>write your | where you think it fits best.<br>e for supplying correct info<br>name and case number (if | Be as complete and ac<br>rmation. If more space<br>known). Answer every | asset only once. If an asset fi<br>ccurate as possible. If two man<br>is needed, attach a separate<br>question.<br>or Other Real Estate You O | rried people ar<br>sheet to this f | re filing together, both a corm. On the top of any a | are equally   |
|  |   |   | y residence, building, land, or   |                                    |  |   |
| 7. D0 y0u                              | No. Go to Part 2  | quitable interest in an   | y residence, building, land, or   | Sillilai proper                    | ty:  |   |
|  | Yes. Where is the property?   |   |   |                                    |  |   |
|  | ,   | Wh  | at is the property? Check all th  | at apply.                          | Do not deduct secured                                | claims or exemptions. Put                                   |
| 1.1                                    | Street address, if available, or  |   | Single-family home  | ,,,                                | -  | red claims on Schedule D: aims Secured by Property.         |
|  | offeet address, if available, of  |   | Duplex or multi-unit building   |                                    | Current value of the                                 | Current value of the  |
|  |   |   | Condominium or cooperative  Manufactured or mobile home   |                                    | entire property?                                     | portion you own?  |
|  |   | H   | Land  |                                    | <del></del>  |   |
|  | Number Street   |   | Investment property   |                                    | Describe the nature of interest (such as fee s       |   |
|  | City State  | Zip Code  | Timeshare<br>Other  |                                    | the entireties, or a life                            |   |
|  | C.i.y   | . Ц   | o has an interest in the proper<br>b.<br>Debtor 1 only  | rty? Check                         | Check if this is co<br>(see instructions)            | ommunity property   |
|  |   | F   | Debtor 2 only   |                                    |  |   |
|  |   |   | Debtor 1 and Debtor 2 only  |                                    |  |   |
|  |   |   | At least one of the debtors and   | another                            |  |   |
|  |   |   | ner information you wish to ad<br>perty identification number:  | d about this it                    | em, such as local                                    |   |
| If you                                 | own or have more than one,  | -   | <u> </u>  |                                    |  |   |
| 1.0                                    |   | Wh  | at is the property? Check all the   | at apply.                          |  | claims or exemptions. Put ired claims on <i>Schedule D:</i> |
| 1.2                                    | Street address, if available, or  | other description   | Single-family home  Duplex or multi-unit building   |                                    |  | aims Secured by Property.                                   |
|  |   |   | Condominium or cooperative  |                                    | Current value of the                                 | Current value of the portion you own?                       |
|  |   |   | Manufactured or mobile home   |                                    | entire property?                                     | portion you own:  |
|  | Number Street   |   | Land  |                                    | Describe the nature o                                | f vour ownershin  |
|  |   | H   | Investment property Timeshare   |                                    | interest (such as fee s<br>the entireties, or a life | simple, tenancy by  |
|  | City State  | Zip Code  | Other   |                                    | ——————————————————————————————————————               | e estatej, ii kilowii.                                      |
|  |   | <b>Wh</b><br>one  | o has an interest in the prope<br>o.  | rty? Check                         | Check if this is co<br>(see instructions)            | ommunity property   |
|  |   |   | Debtor 1 only   |                                    | <del></del>  |   |
|  |   |   | Debtor 2 only   |                                    |  |   |
|  |   | 님   | Debtor 1 and Debtor 2 only  At least one of the debtors and a   | another                            |  |   |
|  |   | L1  | ner information you wish to ad  |                                    | am such as local                                     |   |
|  |   |   | perty identification number:  | a about tills it                   | om, auon aa luudi                                    |   |

# Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 11 of 73

| Debtor 1                       | Patrina<br>First Name   | A<br>Middle Name                  | Clay<br>Last Name  | Case numbe         | r (if known)   |   |
|--------------------------------|---|-----------------------------------|--|--------------------|--|---|
| 1.3 Stre                       | et address, if available, or other                                  |                                   | What is the property? Check all the Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home              | at apply.          | the amount of any secu   | claims or exemptions. Put red claims on Schedule D: ims Secured by Property.  Current value of the portion you own? |
| Nun<br>City                    |   | p Code                            | Land Investment property Timeshare Other   |                    | Describe the nature of interest (such as fee s the entireties, or a life | imple, tenancy by   |
|                                |   | []<br>[]<br>[]<br>[]              | Who has an interest in the prope Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Other information you wish to ad | another            | Check if this is co (see instructions)                                   | mmunity property  |
|                                | the dollar value of the portio<br>ve attached for Part 1. Write     | n you own for a<br>that number he | <b>.</b>   | cluding any entrie | s for pages  |   |
| <b>Do you ow</b><br>you own tl | nat someone else drives. If you ns, trucks, tractors, sport utility | lease a vehicle, a                | in any vehicles, whether they a<br>also report it on Schedule G: Execu<br>cycles   | -                  | -  |   |
| 3.1                            | Make<br>Model:<br>Year:   |                                   | Who has an interest in the pone.  Debtor 1 only  | roperty? Check     | the amount of any secu   | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.                                      |
|                                | Approximate mileage:  Other information: 2015 Nissan Altima         |                                   | Debtor 2 only Debtor 1 and Debtor 2 onl At least one of the debtors Check if this is communications  | and another        | Current value of the entire property?<br>\$9125.00                       | Current value of the portion you own? \$9125.00   |
| 3.2                            | MakeModel:Year:Approximate mileage:                                 |                                   | instructions)  Who has an interest in the pone.  Debtor 1 only   | roperty? Check     | the amount of any secu<br>Creditors Who Have Cla                         | claims or exemptions. Put ured claims on Schedule D: nims Secured by Property.                                      |
|                                | Other information:  |                                   | Debtor 2 only Debtor 1 and Debtor 2 onl At least one of the debtors Check if this is communing instructions)   | and another        | Current value of the entire property?                                    | Current value of the portion you own?   |

## Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 12 of 73

|      | Patrina<br>First Name   | A<br>Middle Name | Clay<br>Last Name   | Case number  | el (ITKNOWN)  |   |
|------|---|------------------|---|--|---|---|
| 3.3  | Make<br>Model:<br>Year:   |                  | Who has an interest in the proone.  Debtor 1 only   | perty? Check   | the amount of any secu  | claims or exemptions. Pured claims on Schedule nims Secured by Property   |
|      | Approximate mileage:  |                  | Debtor 2 only   |  | Current value of the entire property?   | Current value of the portion you own?   |
|      | Other information:  |                  | Debtor 1 and Debtor 2 only  |  |   |   |
|      |   |                  | At least one of the debtors ar  |  |   |   |
|      |   |                  | Check if this is community instructions)  | property (see  |   |   |
| 3.4  | Make<br>Model:  |                  | Who has an interest in the pro  | perty? Check   |   | claims or exemptions. Pured claims on Schedule  |
|      | Year:   |                  | Debtor 1 only   |  | -   | nied claims on <i>Scriedule</i><br>nims Secured by Property   |
|      | Approximate mileage:  |                  | Debtor 2 only   |  | Current value of the  | Current value of the  |
|      | Other information:  |                  | Debtor 1 and Debtor 2 only  |  | entire property?  | portion you own?  |
|      |   |                  | At least one of the debtors ar  | nd another   |   |   |
|      |   |                  | Check if this is community  | property (see  |   |   |
| Exan |   | •                | instructions) er recreational vehicles, other ve t, fishing vessels, snowmobiles, mot   | •  |   |   |
| Exan | nples: Boats, trailers, motor<br>No<br>Yes<br>Make<br>Model:  | •                | er recreational vehicles, other ve<br>t, fishing vessels, snowmobiles, mot<br>Who has an interest in the pro<br>one.  | torcycle accessori                                     | Do not deduct secured the amount of any secu  | ıred claims on <i>Schedule</i>  |
| Exan | nples: Boats, trailers, motor<br>No<br>Yes<br>Make  | •                | who has an interest in the proone.  Debtor 1 only   | torcycle accessori                                     | Do not deduct secured the amount of any secu Creditors Who Have Cla   | red claims on Schedule<br>ims Secured by Propert  |
| Exan | nples: Boats, trailers, motor<br>No<br>Yes<br>Make<br>Model:<br>Year:<br>Approximate mileage:   | •                | who has an interest in the proone.  Debtor 1 only Debtor 2 only   | torcycle accessori                                     | Do not deduct secured the amount of any secu  | red claims on <i>Schedule</i>   |
| Exan | nples: Boats, trailers, motor<br>No<br>Yes<br>Make<br>Model:<br>Year:   | •                | who has an interest in the proone.  Debtor 1 only   | torcycle accessori                                     | Do not deduct secured the amount of any secu Creditors Who Have Cla   | red claims on Schedule<br>nims Secured by Propert<br>Current value of the   |
| Exan | nples: Boats, trailers, motor<br>No<br>Yes<br>Make<br>Model:<br>Year:<br>Approximate mileage:   | •                | who has an interest in the proone.  Debtor 1 only Debtor 2 only Debtor 2 only   | torcycle accessori perty? Check                        | Do not deduct secured the amount of any secu Creditors Who Have Cla   | red claims on Schedule<br>nims Secured by Propert<br>Current value of the   |
| Exam | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  | •                | who has an interest in the proone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar instructions)  Who has an interest in the pro   | perty? Check  and another  property (see               | Do not deduct secured the amount of any secu Creditors Who Have Cla  Current value of the entire property?  Do not deduct secured   | red claims on Schedule hims Secured by Propert Current value of the portion you own?  claims or exemptions. F   |
| Exam | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:                              | •                | who has an interest in the proone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community instructions)  Who has an interest in the proone.  | perty? Check  and another  property (see               | Do not deduct secured the amount of any secuce Creditors Who Have Classes Current value of the entire property?  Do not deduct secured the amount of any secu   | red claims on Schedule hims Secured by Propert Current value of the portion you own?  claims or exemptions. Fired claims on Schedule  |
| Exam | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:  Year:                       | •                | who has an interest in the proone.  Debtor 1 only Debtor 2 only At least one of the debtors ar instructions)  Who has an interest in the proone.  Debtor 2 only Debtor 1 and Debtor 2 only The community instructions   | perty? Check  and another  property (see               | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classifications                     | red claims on Schedule hims Secured by Propert Current value of the portion you own?  claims or exemptions. Fired claims on Schedule hims Secured by Propert                        |
| Exam | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:  Year:  Approximate mileage: | •                | who has an interest in the proone.  Debtor 1 only Debtor 2 only At least one of the debtors ar Check if this is community instructions)  Who has an interest in the proone.  Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community instructions)  Who has an interest in the proone.  Debtor 1 only Debtor 2 only  | perty? Check  and another  property (see               | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the | red claims on Schedule hims Secured by Propert Current value of the portion you own?  claims or exemptions. For the claims on Schedule hims Secured by Propert Current value of the |
| Exam | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:  Year:                       | •                | who has an interest in the proone.  Debtor 1 only Debtor 2 only At least one of the debtors ar Check if this is community instructions)  Who has an interest in the proone.  Debtor 1 only Debtor 2 only At least one of the debtors ar Debtor 1 only instructions)  Who has an interest in the proone. Debtor 1 only Debtor 2 only Debtor 2 only | perty? Check  and another  property (see  perty? Check | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classifications                     | red claims on Schedule hims Secured by Propert Current value of the portion you own?  claims or exemptions. Fired claims on Schedule hims Secured by Propert                        |
| Exam | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:  Year:  Approximate mileage: | •                | who has an interest in the proone.  Debtor 1 only Debtor 2 only At least one of the debtors ar Check if this is community instructions)  Who has an interest in the proone.  Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community instructions)  Who has an interest in the proone.  Debtor 1 only Debtor 2 only  | perty? Check  and another  property (see  perty? Check | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the | claims or exemptions. Fired claims on Schedule lims Secured by Property   |

## Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 13 of 73

| D        | ebtor 1                 | Patrina<br>First Name            | A<br>Middle Name   | Clay<br>Last Name              | Case number (if known)           |  |
|----------|-------------------------|----------------------------------|--|--------------------------------|----------------------------------|--|
| Pa       | ırt 3:                  | Describe Y                       | our Personal and Household I   | tems                           |                                  |  |
| D        | o you                   | own or have                      | e any legal or equitable intere  | est in any of the following    | ng items?                        | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|          | Examp                   | -                                | and furnishings<br>liances, furniture, linens, china, kitche                                     | enware                         |                                  |  |
| <u>✓</u> | No<br>Yes. D            | Describe                         | used furniture   |                                |                                  | \$600.00   |
|          |                         | ronics<br>les: Televisions       | s and radios; audio, video, stereo, an   | d digital equipment; compu     | ters, printers, scanners; music  |  |
| <b>✓</b> | Yes. D                  | Describe                         | cellphone  |                                |                                  | \$100.00   |
|          |                         |                                  | ue<br>und figurines; paintings, prints, or oth<br>in, or baseball card collections; other        |                                |                                  |  |
| <b>✓</b> | No<br>Yes. [            | Describe                         |  |                                |                                  | <del></del>  |
|          |                         | les: Sports, ph                  | rts and hobbies<br>otographic, exercise, and other hobb<br>s; carpentry tools; musical instrumen |                                | tables, golf clubs, skis; canoes |  |
| <b>✓</b> | No<br>Yes. D            | Describe                         | ,  |                                |                                  | <del></del>  |
|          | <b>0. Fire</b><br>Examp |                                  | es, shotguns, ammunition, and relate   | ed equipment                   |                                  |  |
| ✓        | No                      |                                  |  |                                |                                  |  |
|          | Yes. D                  | Describe                         |  |                                |                                  |  |
|          |                         |                                  | clothes, furs, leather coats, designer v   | wear, shoes, accessories       |                                  |  |
|          | No                      |                                  |  |                                |                                  |  |
| ✓        | Yes. L                  | Describe                         | used clothing  |                                |                                  | \$300.00   |
|          | 2. Jew<br>Examp         | -                                | ewelry, costume jewelry, engagemen<br>r  | t rings, wedding rings, heirld | oom jewelry, watches, gems,      |  |
|          |                         | Describe                         |  |                                |                                  |  |
|          |                         | -farm animals<br>les: Dogs, cats | s, birds, horses   |                                |                                  |  |
| <b>✓</b> |                         | Describe                         |  |                                |                                  |  |
| _        |                         | other person                     | al and household items you did no  | ot already list, including a   | ny health aids you did not list  |  |
|          | No<br>Yes. D            | Describe                         |  |                                |                                  |  |
|          |                         |                                  | lue of all of your entries from Part   |                                | or pages you have attached       | \$1000.00  |

#### Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 14 of 73

Clay

Debtor 1 Patrina Case number (if known) First Name Last Name **Describe Your Financial Assets** Part 4: Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: 17.1. Checking account: 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: netspend prepaid debit card \$-94.00 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ◪ No Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

# Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 15 of 73

| Dep. | tor 1 Patrina First Name                           | A<br>Middle Name   | Clay<br>Last Name           | Case number (if known)                     |  |
|------|--|--|-----------------------------|--|--|
| 20.  | Government and corpo<br>Negotiable instruments i   | orate bonds and other negotiab<br>nclude personal checks, cashiers'  | checks, promissory not      | tes, and money orders.                     |  |
|      | Non-negotiable instrume                            | ents are those you cannot transfer   | to someone by signing       | or delivering them.                        |  |
|      | Yes. Give specific information about them          | Issuer name:   |                             |  |  |
|      |  |  |                             |  |  |
|      |  | •  |                             |  |  |
| 21.  | Retirement or pension<br>Examples: Interests in IF |  | , thrift savings accounts   | , or other pension or profit-sharing plans |  |
|      | <b>✓</b> No  | Time of account  | la stitution a secon        |  |  |
|      | Yes. List each                                     | Type of account:   | Institution name:           |  |  |
|      | account separately.                                | 401(k) or similar plan:  |                             |  |  |
|      |  | Pension plan:  |                             |  |  |
|      |  | IRA:   |                             |  |  |
|      |  | Retirement account:  |                             |  |  |
|      |  | Keogh:   |                             |  |  |
|      |  | Additional account:  |                             | _  |  |
|      |  | Additional account:  |                             |  |  |
| 22.  | Security deposits and                              | prepayments I deposits you have made so that   | vou may continue servi      | ce or use from a company                   |  |
|      | Examples: Agreements v                             | with landlords, prepaid rent, public   |                             |  |  |
|      | companies, or others                               |  | la stitution none           |  |  |
|      | <b>✓</b> No  |  | Institution name:           |  |  |
|      | Yes  | Electric:  |                             |  |  |
|      |  | Gas:   |                             |  |  |
|      |  | Heating oil:   |                             |  |  |
|      |  | Security deposit on rental unit:   |                             |  |  |
|      |  | Prepaid rent:  |                             |  |  |
|      |  | Telephone:   |                             |  |  |
|      |  | Water:   |                             |  |  |
|      |  | Rented furniture:  |                             |  |  |
|      |  | Other:   |                             |  |  |
| 23.  | Annuities (A contract fo                           | r a periodic payment of money to   | you, either for life or for | a number of years)                         |  |
|      | <b>✓</b> No  | lander of the second se |                             |  |  |
|      | Yes  | Issuer name and description:   |                             |  |  |
|      |  |  |                             |  |  |
|      |  |  |                             |  |  |
|      |  |  |                             |  |  |

## Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 16 of 73

| Debte | or 1 Patrina   | A Middle Name  | Clay                                   | Case number (if known)   |  |
|-------|--|--|--|--|--|
| 24    | First Name   |  | Last Name                              | nder a qualified state tuition program   |  |
| 24.   | 26 U.S.C. §§   | 530(b)(1), 529A(b), and 529(b)(1).   | a quaimed ABLE program, or u           | nder a qualified state tuition program.  |  |
|       | ✓ No<br>Yes  | Institution name and description. Se   | parately file the records of any inte  | erests.11 U.S.C. § 521(c):   |  |
|       |  |  |  |  |  |
| 25.   |  | able or future interests in property   | (other than anything listed in I       | ine 1), and rights or powers   |  |
|       | No No  | or your benefit  |  |  |  |
|       | Yes. Desc  | ribe   |  |  |  |
| 26.   |  | rights, trademarks, trade secrets, ernet domain names, websites, proce   |  |  |  |
|       | ✓ No   | · ·  |  |  |  |
|       | Yes. Desc  | nbe  |  |  |  |
| 27.   |  | nchises, and other general intangi<br>Iding permits, exclusive licenses, coo   |  | or licenses, professional licenses   |  |
|       | <b>✓</b> No  |  |  |  |  |
|       | Yes. Desc  | ribe   |  |  |  |
|       |  |  |  |  |  |
|       |  |  |  |  |  |
| Mon   | ey or propei   | ty owed to you?  |  |  | Current value of the portion you own?  Do not deduct secured claims or exemptions.                                 |
|       | ey or proper   |  |  |  | portion you own? Do not deduct secured   |
|       |  |  |  |  | portion you own? Do not deduct secured   |
|       | Tax refunds on No  | ved to you specific information  |  | Federal:   | portion you own? Do not deduct secured   |
|       | Tax refunds on  No Yes. Give s abou you a  | pecific information t them, including whether already filed the returns  |  | Federal:<br>State:   | portion you own? Do not deduct secured claims or exemptions.   |
| 28.   | Tax refunds on  No Yes. Give s abou you a and t  | pecific information t them, including whether liready filed the returns the tax years  |  |  | portion you own? Do not deduct secured claims or exemptions.   |
| 28.   | Tax refunds on  Yes. Give sabou you a and t  Family suppor  Examples: Past   | pecific information t them, including whether laready filed the returns the tax years  | support, child support, maintenan      | State:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                               |
| 28.   | Tax refunds on  No Yes. Give s abou you a and t  Family suppor Examples: Past  | epecific information t them, including whether elready filed the returns the tax years  t due or lump sum alimony, spousal s                       | support, child support, maintenan      | State: Local:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                               |
| 28.   | Tax refunds on  No Yes. Give s abou you a and t  Family suppor Examples: Past  | pecific information t them, including whether laready filed the returns the tax years  | support, child support, maintenan      | State:  Local:  ce, divorce settlement, property settlemen   | portion you own?  Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                              |
| 28.   | Tax refunds on  No Yes. Give s abou you a and t  Family suppor Examples: Past  | epecific information t them, including whether elready filed the returns the tax years  t due or lump sum alimony, spousal s                       | support, child support, maintenan      | State:  Local:  ce, divorce settlement, property settlemen  Alimony:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  t                            |
| 28.   | Tax refunds on  No Yes. Give s abou you a and t  Family suppor Examples: Past  | epecific information t them, including whether elready filed the returns the tax years  t due or lump sum alimony, spousal s                       | support, child support, maintenan      | State:  Local:  ce, divorce settlement, property settlemen  Alimony:  Maintenance:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 t \$0.00                        |
| 28.   | Tax refunds on  ✓ No  Yes. Give s abou you a and t  Family suppor Examples: Past ✓ No  Yes. Give s                             | pecific information t them, including whether already filed the returns the tax years  t due or lump sum alimony, spousal sepecific information    | support, child support, maintenan      | State:  Local:  ce, divorce settlement, property settlemen  Alimony:  Maintenance:  Support:                                       | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00        |
| 29.   | Tax refunds on  No Yes. Give s abou you a and t  Family suppor Examples: Past  No Yes. Give s  Other amount Examples: Unp      | pecific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, spousal s specific information    | ents, disability benefits, sick pay, v | State: Local:  ce, divorce settlement, property settlemen  Alimony:  Maintenance:  Support:  Divorce settlement:                   | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.   | Tax refunds on  No Yes. Give s abou you a and t  Family suppor Examples: Past  No Yes. Give s  Other amount Examples: Unp      | specific information It them, including whether Idready filed the returns the tax years  It due or lump sum alimony, spousal sepecific information | ents, disability benefits, sick pay, v | State: Local:  ce, divorce settlement, property settlemen  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.   | Tax refunds on  No Yes. Give s about you a and t  Family suppor Examples: Past  No Yes. Give s  Other amount Examples: Unp Soc | specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, spousal s specific information   | ents, disability benefits, sick pay, v | State: Local:  ce, divorce settlement, property settlemen  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 |

## Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 17 of 73

| Deb  | tor 1 Patrina                                     | A                         | Clay   | Case number (if known)                             |   |
|------|---|---------------------------|--|--|---|
|      | First Name  | Middle Name               | Last Name  |  |   |
| 31.  | Interests in insurance Examples: Health, disab    |                           | Ith savings account (HSA); credit,                                 | homeowner's, or renter's insurance                 |   |
|      | Yes. Name the insu of each policy and             |                           | Company name:  | Beneficiary:                                       | Surrender or refund value:                                      |
|      |   |                           |  |  |   |
| 32.  |   |                           |  | cy, or are currently entitled to receive           |   |
|      | No Yes. Describe                                  |                           |  |  |   |
| 33.  |   |                           | rou have filed a lawsuit or made<br>rance claims, or rights to sue | e a demand for payment                             |   |
|      | No Yes. Describe                                  |                           |  |  |   |
| 34.  | Other contingent and to set off claims            | unliquidated claims of    | every nature, including counte                                     | rclaims of the debtor and rights                   |   |
|      | ✓ No ☐ Yes. Describe                              |                           |  |  |   |
| 35.  | Any financial assets y                            | ou did not already list   |  |  |   |
|      | ✓ No ☐ Yes. Describe                              |                           |  |  |   |
| 36.  |   | •                         | n Part 4, including any entries                                    |  | \$-94.00  |
|      |   |                           |  |  | _   |
| Part | 5: Describe Any B                                 | usiness-Related Pro       | perty You Own or Have an   | Interest In. List any real estate in Part          | 1.  |
| 37.  | Do you own or have a                              | ny legal or equitable int | erest in any business-related p                                    | roperty?   |   |
|      | No. Go to Part 6.  Yes. Go to line 38.            |                           |  | po   | urrent value of the ortion you own? o not deduct secured claims |
| 38   | Accounts receivable                               | or commissions you alre   | adv earned   | or   | exemptions  |
| 00.  | No Yes. Describe                                  | or commissions you und    | ady cumou  |  |   |
| 39.  | Office equipment, furn<br>Examples: Business-rela |                           | modems, printers, copiers, fax m                                   | nachines, rugs, telephones, desks, chairs, electro | onic devices  |
|      | No Yes. Describe                                  |                           |  |  |   |
|      |   |                           |  |  |   |

## Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 18 of 73

| Deb   | tor 1 Patrina           | A<br>Middle Name                     | Clay                                       | Case number (if known)            |                                       |
|-------|-------------------------|--------------------------------------|--|-----------------------------------|---------------------------------------|
| 40.   | First Name              |                                      | Last Name<br>e in business, and tools of y | our trada                         |                                       |
| 40.   | — »                     | equipment, supplies you us           | e in business, and tools of y              | our trade                         |                                       |
|       | ✓ No Yes. Describe      |                                      |  |                                   |                                       |
|       | Tos. Bescribe           |                                      |  |                                   |                                       |
|       |                         |                                      |  |                                   |                                       |
| 41.   | Inventory               |                                      |  |                                   |                                       |
|       | <b>✓</b> No             |                                      |  |                                   |                                       |
|       | Yes. Describe           |                                      |  |                                   |                                       |
|       |                         |                                      |  |                                   |                                       |
| 42.   | Interests in partnersh  | nips or joint ventures               |  |                                   |                                       |
|       | <b>✓</b> No             |                                      |  |                                   |                                       |
|       | Yes. Give specific      | Na                                   | ame of entity:                             | % of ownership:                   |                                       |
|       | information about them  |                                      |  |                                   |                                       |
|       | uioiii                  |                                      |  |                                   |                                       |
|       |                         |                                      |  |                                   |                                       |
| 43.   | Customer lists, mailing | lists, or other compilation          | s  |                                   |                                       |
|       | <b>✓</b> No             |                                      |  |                                   |                                       |
|       |                         | nclude personally identifiable       | information (as defined in 11              | U.S.C. § 101(41A))?               |                                       |
|       | — □ No                  |                                      |  |                                   |                                       |
|       | Yes. Desc               | ribe                                 |  |                                   |                                       |
|       |                         |                                      |  |                                   |                                       |
| 44.   | Any business-related    | property you did not alread          | dy list                                    |                                   |                                       |
|       | <b>✓</b> No             |                                      |  |                                   |                                       |
|       | Yes. Give specific      | _                                    |  |                                   |                                       |
|       | information             | _                                    |  |                                   | <del>_</del>                          |
|       |                         |                                      |  |                                   | <del></del>                           |
|       |                         | <u> </u>                             |  |                                   | <u> </u>                              |
|       |                         |                                      |  |                                   |                                       |
|       |                         |                                      |  |                                   |                                       |
|       |                         | _                                    |  |                                   |                                       |
|       |                         |                                      | 5, including any entries for               | pages you have attached           |                                       |
| for P | art 5. Write that numb  | er here                              |  |                                   |                                       |
| Pari  | 6: Describe Any F       | arm- and Commercial I                | Fishing-Related Propert                    | y You Own or Have an Interest In. |                                       |
|       | If you own or have ar   | n interest in farmland, list it in P | art 1.                                     |                                   |                                       |
| 46.   | Do you own or have a    | ny legal or equitable inter          | est in any farm- or commerc                | cial fishing-related property?    |                                       |
|       | No. Go to Part 7.       |                                      |  |                                   | Current value of the portion you own? |
|       | Yes. Go to line 47      |                                      |  |                                   | Do not deduct secured claims          |
| 47    | Farm animals            |                                      |  |                                   | or exemptions                         |
| +1.   | Examples: Livestock, p  | oultry, farm-raised fish             |  |                                   |                                       |
|       | <b>V</b> No             |                                      |  |                                   |                                       |
|       | Yes. Describe           |                                      |  |                                   |                                       |
|       |                         |                                      |  |                                   |                                       |
| T.    |                         |                                      |  |                                   |                                       |

# Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 19 of 73

| First Name Middle Name Last Name  48. Crops-either growing or harvested   |             |
|---|-------------|
|   |             |
| <b>▼</b> No   |             |
| Yes. Describe   |             |
|   |             |
| 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade   |             |
| ✓ No  |             |
| Yes. Describe   |             |
|   |             |
| 50. Farm and fishing supplies, chemicals, and feed  |             |
| ✓ No  |             |
| Yes. Describe   |             |
|   |             |
| 51. Any farm- and commercial fishing-related property you did not already list  |             |
| ✓ No ☐ Yes. Describe  |             |
|   |             |
|   |             |
| 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here |             |
|   |             |
|   |             |
| Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above  |             |
| 53. Do you have other property of any kind you did not already list?  |             |
| Examples: Season tickets, country club membership  No   |             |
| Yes. Give specific  |             |
| information   |             |
|   |             |
| 54. Add the dellar value of all of your entries from Bort 7. Write that number have   |             |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here   |             |
|   |             |
|   |             |
|   |             |
| Part 8: List the Totals of Each Part of this Form   | <del></del> |
| 55. Part 1: Total real estate, line 2   |             |
| 50 10 11 11 11 11 11 11 11 11 11 11 11 11   |             |
| 56. part 2 total vehicles, line 5 \$9125.00   |             |
| 57.Part 3: Total personal and household items, line 15 \$1000.00  |             |
| 58.Part 4: Total financial assets, line 36 \$-94.00   |             |
| 59. Part 5: Total business-related property, line 45  |             |
| 60. Part 6: Total farm- and fishing-related property, line 52   |             |
| 61. Part 7: Total other property not listed, line 54  |             |
| 62. Total personal property. Add lines 56 through 61  | 10031.00    |
| copy personal property total P  |             |
|   | 0031.00     |

Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 20 of 73

|                          |  |  | Docu   | ment  | Page 20 of  | 73  |  |
|--------------------------|--|--|--|---|---|---|--|
| Fill                     | in this infor  | mation to identify your cas  | se:  |   |   | Ī   |  |
| Deb                      | otor 1   | Patrina<br>First Name  | A<br>Middle Name   | Clay<br>Last Nam  | e   |   |  |
|                          | otor 2<br>ouse, if filing)   | First Name   | Middle Name  | Last Nam  | <u>e</u>  |   |  |
| Uni                      | ted States E   | ankruptcy Court for the:   | Northem D  | istrict of Illino   | is  |   |  |
|                          | se number  |  |  | (Stat   | e)  |   |  |
|                          |  | Form 106C  |  |   |   | J   | Check if this is a amended filing  |
|                          |  |  | erty You Claim a   | s Fyem  | int   |   | 04/1   |
| For stat the tax-und you | each iten e a specir amount c exempt r er a law t r exempti t 1: Iden Which se | ges, write your name and of property you clair fic dollar amount as early applicable status etirement funds—may that limits the exemption would be limited to tify the Property You care claiming state and fectare claiming federal exemptions are claiming federal exemptions. | d case number (if known as exempt, you must seempt. Alternatively, you tory limit. Some exempt to be unlimited in dollar as on to a particular dollar of the applicable statutor | specify the au may claim tions—such amount. How amount an y amount. | amount of the on the full fair man as those for however, if you clud the value of the value of the value is filling with you. | exemption you<br>arket value of<br>ealth aids, righ<br>aim an exemp<br>he property is | Page as necessary. On the top of any claim. One way of doing so is to the property being exempted up to ats to receive certain benefits, and ation of 100% of fair market value determined to exceed that amount |
|                          |  | cription of the property a<br>chedule A/B that lists this  |  |   | the exemption yo  |   | Specific laws that allow exemption   |
|                          |  |  | Copy the value from<br>Schedule A/B  |   |   |   |  |
|                          | Brief<br>description   | n:<br>n Altima   | \$9,125.00   | ✓   | \$0   |   | 735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b)   |
|                          | Line from Schedule   |  |  |   | of fair market valu<br>able statutory limit   |   |  |
|                          | Brief<br>description   |  | \$100.00   |   |   |   | 735 ILCS 5/12-1001(b)  |
|                          | cellp  |  | Ψ100.00  | <u> </u>  | \$100.00  |   | _  |
|                          | Line from<br>Schedule  | A∕B:07   |  |   | of fair market valuable statutory limit   |   |  |
| 3.                       | -  | •  | mption of more than \$160, and every 3 years after that for  |   | or after the date of  | f adjustment.)  |  |

No Yes

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

## Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 21 of 73

| Debtor <sup>1</sup> | 1 Patrina A  |   | Case number (if known)  |                                    |
|---------------------|--|---|---|------------------------------------|
| Part 2:             | First Name Midd  Additional Page   | dle Name La   | ast Name  |                                    |
| line                | ef description of the property and<br>on Schedule A/B that lists this<br>perty           | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption. | Specific laws that allow exemption |
| Line                | of cription:  Other financial account, netspend prepaid debit card efrom needule A/B: 17 | (\$94.00)   | \$0  100% of fair market value, up to any applicable statutory limit      | 735 ILCS 5/12-1001(b)              |
| Line                | of cription:  used furniture e from nedule A/B:  06                                      | \$600.00  | \$600.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |
| Line                | cription:  used clothing e from  nedule A/B:  11   | \$300.00  | \$300.00 100% of fair market value, up to any applicable statutory limit  | 735 ILCS 5/12-1001(a)              |

Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 22 of 73

|                             |  | Do  | cument 1 age 22 of   | 73  |   |                                      |
|-----------------------------|--|---|--|---|---|--------------------------------------|
| Fill in this                | information to identify your ca  | ise:  |  |   |   |                                      |
| Debtor 1                    | Patrina<br>First Name  | A<br>Middle Name  | Clay<br>Last Name  |   |   |                                      |
| Debtor 2<br>(Spouse, if fil |  | Middle Name   | Last Name  |   |   |                                      |
| United Sta                  | ates Bankruptcy Court for the:   | Northern  | District of Illinois (State)   |   |   |                                      |
| Case num<br>(If known)      | ber  |   | (State)  |   |   |                                      |
| Offici                      | al Form 106D   |   |  |   |   | Check if this is a<br>amended filing |
| Sche                        | dule D: Credite  | ors Who Ha  | ve Claims Secur  | ed by Prop  | erty  | 12/1                                 |
| 1. Do a                     | case number (if known).<br>any creditors have claims se  | ecured by your proper   | nber the entries, and attach it to   | ·   |   | jes, write your                      |
| 2. <b>Lis</b> sep           | t all secured claims. If a credit<br>arately for each claim. If more the<br>Part 2. As much as possible, list      | han one creditor has a par  | cured claim, list the creditor<br>ticular claim, list the other creditors<br>order according to the creditor's | Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any    |
| Grec<br>91<br>MA<br>City    | o owes the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors | 2015 Nissan Altima As of the date you file  Contingent  Unliquidated  Disputed  Nature of lien. Check a  ✓ An agreement you car loan)  Statutory lien (such | made (such as mortgage or secured as tax lien, mechanic's lien)  |   | \$9,125.00  | <u>\$13,556.0</u> 0                  |
| Dat                         | and another  Check if this claim relates to a community debt te debt was 01/2016                                   | Judgment lien from Other (including a ri  | ght to offset)   |   |   |                                      |
|                             | urred  | Last 4 digits of account  | nt number  |   |   |                                      |

Add the dollar value of your entries in Column A on this page. Write that number

here:

\$22,681.00

Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 23 of 73

|                                  |  | L  | ocument rage   | 23 01 73                      |  |                 |                       |
|----------------------------------|--|--|--|-------------------------------|--|-----------------|-----------------------|
| Fill in this info                | ormation to identify your ca   | se:  |  |                               |  |                 |                       |
| Debtor 1                         | Patrina  | Α  | Clay   |                               |  |                 |                       |
|                                  | First Name   | Middle Name  | Last Name  |                               |  |                 |                       |
| Debtor 2<br>(Spouse, if filing)  | First Name   | Middle Name  | Last Name  |                               |  |                 |                       |
| United States                    | Bankruptcy Court for the:  | Northern   | District of Illinois (State)   |                               |  |                 |                       |
| Case number<br>(If known)        | ·  |  | (Glale)  |                               |  |                 |                       |
| Official I                       | Form 106E/F  |  |  |                               | Chec   | k if this is an | amended filing        |
|                                  |  | ditara Wh  | Lava Unaa  | cured Claims                  |  |                 |                       |
| Scried                           | ule E/F. Cre   | ditors will  | nave Unse  | cureu Ciairiis                | <u> </u>   |                 | 12/15                 |
| known). Part 1: Lis              | t All of Your PRIORITY creditors have priority uns   | Unsecured Claims   |  | top of any additional pages,  | write your ne                                    | anie and cas    | e number (n           |
|                                  | . Go to Part 2.  | occured olamis agams   | . you.   |                               |  |                 |                       |
|                                  |  |  |  |                               |  |                 |                       |
| listed, id<br>As much<br>Continu | entify what type of claim it is<br>n as possible, list the claims<br>ation Page of Part 1. If more | s. If a claim has both pri<br>in alphabetical order acc<br>than one creditor holds | ority and nonpriority amount<br>ording to the creditor's nam<br>a particular claim, list the otl |                               | both priority                                    | and nonprior    | ity amounts.          |
| (For an                          | explanation of each type of c  | claim, see the instruction   | s for this form in the instruc   | tion booklet.)                |  |                 |                       |
|                                  |  |  |  |                               | Total claim                                      | Priority amount | Nonpriority<br>amount |
| 2.1 IRS 1                        |  |  |  |                               | \$7,000.00                                       | \$7,000.00      | \$0.00                |
| Priority<br>PO Bo                | Creditor's Name<br>x 7346  |  | Last 4 digits of account When was the debt incu  |                               | <del>*                                    </del> | 41,111111       |                       |
| Numb                             | er Street  |  | As of the date you file, t   | he claim is: Check all that   |  |                 |                       |
|                                  |  |  | apply.   |                               |  |                 |                       |
| Philade                          | elphia Pennsylvan  | ia 19101   | Contingent   |                               |  |                 |                       |
| City                             | State  | Zip Code   | Unliquidated   |                               |  |                 |                       |
|                                  | ncurred the debt? Check of ebtor 1 only  | ne.  | Disputed   |                               |  |                 |                       |
|                                  | •  |  | Type of PRIORITY unsec   | ured claim:                   |  |                 |                       |
|                                  | ebtor 2 only   |  | Domestic support obl   | gations                       |  |                 |                       |
|                                  | ebtor 1 and Debtor 2 only least one of the debtors and   | d another  | Taxes and certain other  | er debts you owe the          |  |                 |                       |
| CI                               | neck if this claim relates t   | o a community debt   | _ ~  | ersonal injury while you were |  |                 |                       |
| Is the                           | claim subject to offset?   |  | Other. Specify   |                               |  |                 |                       |
| ✓ No                             | )  |  |  |                               |  |                 |                       |

## Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 24 of 73

| Debto   | r 1 Patrina<br>First Name   | A<br>Middle Name                                      | Clay<br>Last Name                     | Case number (if known)  |   |
|---------|---|---|---------------------------------------|---|---|
| Part 2  |   |   |                                       |   |   |
| 3. D    | o any creditors have nonprior  No. You have nothing to re  Yes.   | ity unsecured claims a<br>port in this part. Subm     | ngainst you?<br>it this form to the o | court with your other schedules.  | thon one priority                       |
| u<br>If | nsecured claim, list the creditor s   | separately for each claim.                            | For each claim list                   | of the creditor who holds each claim. If a creditor has more ed, identify what type of claim it is. Do not list claims already in rt 3.If you have more than four priority unsecured claims fill ou   | cluded in Part 1.<br>t the Continuation |
|         |   |   |                                       |   | Total claim                             |
| 4.1     | AARON SALES & LEASE OW<br>Nonpriority Creditor's Name<br>1015 COBB PLACE BLVD NW  |   |                                       | hen was the debt incurred? 03/2016  | \$3,026.00                              |
|         | Number Street  KENNESAW Gee City Stat Who incurred the debt? Chec ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors  Check if this claim relate Is the claim subject to offset* ✓ No  Yes   | k one.  / and another es to a community deb           | 4 Code Ty                             | contingent Unliquidated Disputed  pe of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify  001 Lease  |   |
| 4.2     | AARON SALES & LEASE OW<br>Nonpriority Creditor's Name   |   | La                                    | ast 4 digits of account number 1824   | \$2,051.00                              |
|         | Number Street  KENNESAW Gee City Star Who incurred the debt? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this claim relate Is the claim subject to offset   | k one.  / and another es to a community deb           | A Code C                              | hen was the debt incurred? 02/2016  s of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  pe of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify 001 Lease |   |
| 4.3     | Americash - Bankruptcy Nonpriority Creditor's Name PO Box 184 Number Street  Des Plaines Illin City Star Who incurred the debt? Chec Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this claim relate Is the claim subject to offset | te Zip Cok one.  / and another  es to a community deb | A Code Ty                             | hen was the debt incurred?  s of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  ype of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify  payday loan      | \$482.98                                |

#### Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 25 of 73

Clay Debtor 1 Patrina Case number (if known) First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 \$650.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 175 West Jackson, Ste 1000 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60604 Chicago Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ payday loan V Is the claim subject to offset? No Yes Chase Bank \$1.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a P.O. Box 659732 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated San Antonio Texas 78265 City Disputed Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify notice only V Is the claim subject to offset? **✓** No Yes City of Chicago Department of Finance 4.6 \$6,569.71 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 333 South State Street Suite 330 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60604 Chicago City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar

✓ No Yes

Check if this claim relates to a community debt

Is the claim subject to offset?

debts

Other. Specify

parking tickets

#### Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 26 of 73

Debtor 1 Patrina A Clay Case number (if known)
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

| r art z | Tour NONPRIORITY Unsecured Claims - Continuation   | · ·   |             |
|---------|--|---|-------------|
|         | After listing any entries on this page, number them beginning  | with 4.5, followed by 4.6, and so forth.  | Total claim |
| 4.7     | ComEd Name in the Operation to Name in the Ope | Last 4 digits of account number   | \$1,300.74  |
|         | Nonpriority Creditor's Name<br>3 Lincoln Center  | When was the debt incurred? n/a   |             |
|         | Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
|         | Bankruptcy Section   | — Contingent  |             |
|         | Oakhysak Tayyasa Illinaia 60191  | Unliquidated  |             |
|         | Oakbrook Terrace Illinois 60181 City State Zip Code  | Disputed  |             |
|         | Who incurred the debt? Check one.  | Type of NONPRIORITY unsecured claim:  |             |
|         | Debtor 1 only  | Student loans   |             |
|         | Debtor 2 only  | Obligations arising out of a separation agreement or  |             |
|         | Debtor 1 and Debtor 2 only   | divorce that you did not report as priority claims  |             |
|         | At least one of the debtors and another  | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|         | Check if this claim relates to a community debt  | Other. Specify light bill   |             |
|         | Is the claim subject to offset?  | _   |             |
|         | ✓ No   |   |             |
|         | Yes  |   |             |
| 4.8     | ENHANCED RECOVERY CO   | — Last 4 digits of account number   | \$1.00      |
|         | Nonpriority Creditor's Name<br>8014 Bayberry Road  | When was the debt incurred?n/a  |             |
|         | Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
|         |  | — Contingent  |             |
|         | Jankan Slavida 00050   | Unliquidated  |             |
|         | JacksonvilleFlorida32256CityStateZip Code  | Disputed  |             |
|         | Who incurred the debt? Check one.  | Type of NONPRIORITY unsecured claim:  |             |
|         | Debtor 1 only  | Student loans   |             |
|         | Debtor 2 only  | Obligations arising out of a separation agreement or  |             |
|         | Debtor 1 and Debtor 2 only   | divorce that you did not report as priority claims  |             |
|         | At least one of the debtors and another  | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|         | Check if this claim relates to a community debt  | Other. Specify unsecured debt-notice only   |             |
|         | Is the claim subject to offset?  |   |             |
|         | ✓ No   |   |             |
|         | Yes  |   |             |
| 4.9     | IC Systems   | Last 4 digits of account number   | \$1.00      |
|         | Nonpriority Creditor's Name<br>PO BOX 64437  | When was the debt incurred? n/a   |             |
|         | Number Street  | <u> </u>  |             |
|         |  | As of the date you file, the claim is: Check all that apply.  — Contingent                              |             |
|         |  | Unliquidated  |             |
|         | Saint Paul         Minnesota         55164           City         State         Zip Code   | _ <b>   </b>  |             |
|         | City State Zip Code  Who incurred the debt? Check one.   | Disputed  |             |
|         | Debtor 1 only  | Type of NONPRIORITY unsecured claim:  |             |
|         | Debtor 2 only  | Student loans   |             |
|         | Debtor 1 and Debtor 2 only   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|         | At least one of the debtors and another  | Debts to pension or profit-sharing plans, and other similar   |             |
|         | Check if this claim relates to a community debt  | debts  Other. Specify unsecured debt-notice only  |             |
|         | Is the claim subject to offset?  | <u> </u>  |             |
|         | <b>✓</b> No  |   |             |
|         | Yes  |   |             |

#### Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 27 of 73

Debtor 1 Patrina Clay Case number (if known) First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 Illinois Department of Employment Security \$1.00 - Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a PO Box 4385 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60680 Chicago Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt DISPUTED Other. Specify \_ Is the claim subject to offset? No Yes Illinois Tollway \$200.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 2700 Ogden Ave As of the date you file, the claim is: Check all that apply. Legal Dept Contingent Unliquidated Downers Grove Illinois 60515 Disputed State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify tollway violation Is the claim subject to offset? **✓** No Yes New Age Chicago Furniture 4.12 \$1.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 4238 S. Cottage Grove Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Chicago Illinois 60653 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify notice only Is the claim subject to offset? **V** No

#### Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 28 of 73

Debtor 1 Patrina Clay Case number (if known) First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 Peoples Gas \$345.59 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 200 E. Randolph Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60601 Chicago Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ unsecured debt Is the claim subject to offset? No Yes Quantum3 Group LLC \$150.28 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a PO Box 788 As of the date you file, the claim is: Check all that apply. c/o Leigh Faulkner Contingent Unliquidated Kirkland Washington 98083 Disputed City Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify unsecured debt Is the claim subject to offset? **✓** No Yes RNT DEBT \$4,568.00 4.15 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO BOX 171077 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated NASHVILLE Tennessee 37217 City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify highland ridge Is the claim subject to offset? **V** No

#### Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 29 of 73

Debtor 1 Patrina Clay Case number (if known) Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 **TMobile** \$649.80 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 742596 When was the debt incurred? n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 45274 Cincinnati Ohio City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ unsecured debt Is the claim subject to offset? No  $\overline{\phantom{a}}$ Yes US DEPT OF ED/GLELSI \$16,724.00 Last 4 digits of account number 8581 Nonpriority Creditor's Name When was the debt incurred? 06/2015 2401 INTERNATIONAL LN Number Street As of the date you file, the claim is: Check all that apply. Contingent MADISON Wisconsin 53704 Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify Is the claim subject to offset? **✓** No

Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 30 of 73

Debtor 1 Patrina Clay Case number (if known) First Name Add the Amounts for Each Type of Unsecured Claim Part 4: 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 **Total claims** 6a. Domestic support obligations. from Part 1 \$7,000.00 6b. Taxes and certain other debts you owe the government \$0.00 6c. Claims for death or personal injury while you were intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$7,000.00 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$16,724.00 **Total claims** 6f. Student loans from Part 2 \$0.00 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6h. Debts to pension or profit-sharing plans, and other similar

6i. Other. Add all other nonpriority unsecured claims. Write

that amount here.

6j. Total. Add lines 6f through 6i.

\$0.00

\$19,999.10

\$36,723.10

6j.

Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 31 of 73

| Fill in this information to identify your case: |                           |             |                              |  |  |  |  |  |
|---|---------------------------|-------------|------------------------------|--|--|--|--|--|
| Debtor 1  | Patrina                   | Α           | Clay                         |  |  |  |  |  |
|   | First Name                | Middle Name | Last Name                    |  |  |  |  |  |
| Debtor 2  |                           |             |                              |  |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |  |  |
| United States E                                 | Sankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |  |  |
| Case number<br>(If known)                       |                           |             | (Glate)                      |  |  |  |  |  |

#### Official Form 106G

#### Check if this is an amended filing

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or compa        | any with whom you have | e the contract or lease | State what the contract or lease is for      |
|-----|------------------------|------------------------|-------------------------|--|
| 2.1 | Hancock Manage<br>Name | ment                   |                         | Other,<br>Other,<br>1 year residential lease |
|     | Number                 | Street                 |                         |  |
|     | City                   | State                  | Zip Code                |  |

Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 32 of 73

|                                   |                                 |   | rounione rag                 | 0 02 01 10   | •                           |   |
|-----------------------------------|---------------------------------|---|------------------------------|--------------|-----------------------------|---|
| Fill in this info                 | rmation to identify your o      | case:   |                              |              |                             |   |
| Debtor 1                          | Patrina                         | Α   | Clay                         |              |                             |   |
|                                   | First Name                      | Middle Name   | Last Name                    |              |                             |   |
| Debtor 2<br>(Spouse, if filing)   | First Name                      | Middle Name   | Last Name                    |              |                             |   |
| (,                                | Filst Name                      | Middle Name   |                              |              |                             |   |
| United States                     | Bankruptcy Court for the:       | Northern  | District of Illinois (State) |              |                             |   |
| Case number<br>(If known)         | _                               |   | (State)                      |              |                             |   |
|                                   |                                 |   |                              |              |                             | Check if this is an                       |
| Ott: ≈: ≈1                        | Faura 10011                     |   |                              |              |                             | amended filing                            |
| <u>Omiciai</u>                    | Form 106H                       |   |                              |              |                             |   |
| Schedul                           | le H: Your Co                   | debtors   |                              |              |                             | 12/15                                     |
| 1. Do you h  No Yes  2. Within th | s<br>ne last 8 years, have you  |   | pperty state or territory    | ? (Community | property states and territe | <i>ories</i> include Arizona, California, |
|                                   | * *                             | xico, Puerto Rico, Texas, W                             | ashington, and Wisconsi      | n.)          |                             |   |
|                                   | Go to line 3.                   | or an auga, or logal aguitus                            | Jont live with you at the    | time?        |                             |   |
|                                   | s. Dia your spouse, iorni<br>No | er spouse, or legal equiva                              | dent live with you at the    | urrie?       |                             |   |
| 뇓                                 |                                 | ty state or territory did yo                            | ı live?                      | Fill in the  | name and current address    | s of that person                          |
| Ц                                 | roo. III Willom Communi         | ty diate or territory and you                           | 3 IIVO                       |              | tarre and current address   | o or that porson.                         |
|                                   | Name of your spouse,            | former spouse, or legal equ                             | ivalent                      |              |                             |   |
|                                   | Number Street                   |   |                              |              |                             |   |
|                                   | City                            | State   | Zip Co                       | ode          |                             |   |
|                                   |                                 | btors. Do not include you<br>person is a quarantor or c | -                            |              |                             | the person shown in line 2                |

Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

| Column 1: Your codebtor | Column 2: The creditor to whom you owe the debt |
|-------------------------|---|
|                         | Check all schedules that apply:                 |

Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 33 of 73

| Fill in this info   | ormation to identify   | your case:  |                    |                                      |            |            |                           |                        |
|---|--|---|--------------------|--------------------------------------|------------|------------|---------------------------|------------------------|
| Debtor 1  | Patrina  | Α   | Clay               |                                      |            |            |                           |                        |
|   | First Name   | Middle Name   | Last N             | lame                                 |            | - Che      | ck if this is:            |                        |
| Debtor 2<br>(Spouse, if filing)                                   | First Name   | Middle Name   | Last N             | lame                                 |            | -          | An amended filing         |                        |
|   |  |   |                    |                                      |            |            | A supplement showing po   | ost-petition chapter 1 |
| the:  | Bankruptcy Court for   | Northern  | District of III (S | inois<br>State                       |            |            | expenses as of the follow |                        |
| Case number   |  |   | `                  |                                      |            | _   ,      | MM / DD / YYYY            |                        |
| (II KIIOWII)  |  |   |                    |                                      |            |            | MIMI / DD / YYYY          |                        |
| Official F  | orm 106I   |   |                    |                                      |            |            |                           |                        |
| Schedul   | e I: Your In   | come  |                    |                                      |            |            |                           | 12/1                   |
| spouse. If moi<br>number (if kno                                  |  |   |                    |                                      | _          | -          |                           | -                      |
| 1. Fill in your   |  |   | Debtor 1           | l                                    |            |            | Debtor 2                  |                        |
| informatio  |  | Employment status   | <b>✓</b> Emplo     | oved                                 |            |            | Employed                  |                        |
| -   | more than one job,<br>parate page with   |   | Not E              | -                                    | yed        |            | Not Employed              |                        |
| information employers.  | nformation about additional  | Occupation  |                    |                                      |            |            |                           |                        |
|   | time, seasonal, or   | Employer's name   | Harris & H         | arris                                | LTD        |            |                           |                        |
| self-employ   |  | Employer's address  | 111 West           | 111 West Jackson Boulevard Suite 400 |            |            |                           |                        |
| •   | may include student<br>ker, if it applies.   |   | Number St          | reet                                 |            |            | Number Street             |                        |
|   |  |   | Chicago            |                                      | Illinois   | 60604      | <u>.</u>                  |                        |
|   |  |   | City               |                                      | State      | Zip Code   | City                      | State Zip Code         |
|   |  | How long employed there?  | 6 months           |                                      |            |            |                           |                        |
| Part 2: Give  | e Details About N  | ∕lonthly Income   |                    |                                      |            |            |                           |                        |
| spouse unless If you or your more space, a  2. List mon deduction | s you are separated.  non-filing spouse have attach a separate she  thly gross wages, sala | the date you file this form e more than one employer, et to this form.  ary, and commissions (befo , calculate what the monthly | combine the        |                                      | mation for | -          |                           |                        |
| be.<br>3. <b>Estimate</b>   | and list monthly over  | rtime pay.  |                    | 3.                                   |            | + \$0.00   |                           |                        |
|   | e gross income. Add li   |   |                    | 4.                                   |            | \$2,682,72 |                           |                        |

## Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 34 of 73

| Dept          | or 1 Patrina First Name                  |   | lay<br>ast Name |         | Case number            | <u></u>                           |       |                        |
|---------------|--|---|-----------------|---------|------------------------|-----------------------------------|-------|------------------------|
|               | riist Name                               | Middle Name La  | astivalle       |         | known) For Debtor 1    | For Debtor 2 or non-filing spouse |       |                        |
| Co            | py line 4 here                           |   | → 4             | 4.      | \$2,682.72             |                                   | ı     |                        |
|               | t all payroll dedu                       |   |                 |         |                        |                                   |       |                        |
|               |  | and Social Security deductions  | Ę               | āa.     | \$292.52               |                                   |       |                        |
|               |  | tributions for retirement plans   | ţ               | ōb.     | \$0.00                 |                                   |       |                        |
|               | •  | ributions for retirement plans  |                 | ōс.     | \$0.00                 |                                   |       |                        |
|               | -  | ments of retirement fund loans  |                 | 5d.     | \$0.00                 |                                   |       |                        |
|               | Insurance                                |   |                 | ōе.     | \$0.00                 |                                   |       |                        |
| 5f.           | Domestic suppo                           | ort obligations   |                 | 5f.     | \$0.00                 |                                   |       |                        |
|               | . Union dues                             | 3   |                 | āg.     | \$0.00                 |                                   |       |                        |
| ·             |  | ons. Specify:   |                 | 5h. +   | \$0.00 +               |                                   |       |                        |
|               |  | <b>luctions.</b> Add lines 5a + 5b + 5c + 5d + 5e +5f   |                 | 6.      | \$292.52               |                                   |       |                        |
| 7. <b>Ca</b>  | Iculate total moi                        | nthly take-home pay. Subtract line 6 from line  | 4.              | 7.      | \$2,390.20             |                                   |       |                        |
| 8. <b>Lis</b> | t all other incom                        | ne regularly received:  |                 |         |                        |                                   |       |                        |
| 8a            | business, profe                          | •   |                 |         |                        |                                   |       |                        |
|               |  | ent for each property and business showing<br>ordinary and necessary business expenses, and<br>or net income.   | 8               | За.     | \$0.00                 |                                   |       |                        |
| 8b            | . Interest and di                        | vidends   | 8               | 3b.     | \$0.00                 |                                   |       |                        |
| 8c            | . Family support dependent regi          | payments that you, a non-filing spouse, or a<br>ularly receive  |                 |         |                        |                                   |       |                        |
|               |  | spousal support, child support, maintenance, nt, and property settlement.   | 8               | Вс.     | \$0.00                 |                                   |       |                        |
| 8d            | l. Unemployment                          | compensation  | 8               | 3d.     | \$0.00                 |                                   |       |                        |
| 8e            | . Social Security                        | ,   | 8               | 3e.     | \$0.00                 |                                   |       |                        |
| 8f.           | Include cash ass cash assistance t       | ent assistance that you regularly receive istance and the value (if known) of any non-that you receive, such as food stamps (benefits emental Nutrition Assistance Program) or es | 8               | Bf.     | \$0.00                 |                                   |       |                        |
| 89            | . Pension or reti                        | rement income   |                 | 3g.     | \$0.00                 |                                   |       |                        |
|               |  | income. Specify:  |                 | 3h. +   | \$0.00 +               |                                   |       |                        |
| 9. <b>Ad</b>  | d all other incom                        | ne Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g +  | 8h. 9           | 9.      | \$0.00                 |                                   | 1     |                        |
|               |  | · ·   |                 |         |                        |                                   | ]     |                        |
|               |  | income. Add line 7 + line 9. e 10 for Debtor 1 and Debtor 2 or non-filing spo   |                 | 10.     | \$2,390.20             |                                   | =     | \$2,390.20             |
| In o          | clude contribution<br>ends or relatives. | gular contributions to the expenses that you<br>s from an unmarried partner, members of your hamounts already included in lines 2-10 or amounts                                   | nousehold       | l, your | dependents, your roomm |                                   |       |                        |
| Sp            | ecify:                                   |   |                 |         |                        |                                   | 11. + | \$0.00                 |
| _             |  |   |                 |         |                        |                                   |       |                        |
|               |  | n the last column of line 10 to the amount in<br>n the <i>Summary of Schedules and Statistical Sum</i>  |                 |         |                        |                                   | 12.   | \$2,390.20<br>Combined |
| 13. <b>D</b>  | o you expect an No. Yes. Explain:        | increase or decrease within the year after y  | ou file th      | is forn | n?                     |                                   |       | monthly income         |
| L             | Too. Explain.                            |   |                 |         |                        |                                   |       |                        |

Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 35 of 73

|                            |                                       | Docu  | iment Page 35 of 73                                 | 3                     |   |              |
|----------------------------|---------------------------------------|---|---|-----------------------|---|--------------|
| Fill in this infor         | mation to identify                    | y your case:  |   |                       |   |              |
| Debtor 1                   | Patrina                               | A   | Clay  |                       |   |              |
| Debtor 2                   | First Name                            | Middle Name   | Last Name   | Check if this is:     |   |              |
| (Spouse, if filing)        | First Name                            | Middle Name   | Last Name   | An amended fili       | ng                                      |              |
| United States I            | Bankruptcy Court                      | for the: Northern [   | District of Illinois                                |                       | howing post-petitio the following date: | n chapter 13 |
| Case number                |                                       |   | (State)   |                       |   |              |
| (If known)                 |                                       |   |   | MM / DD / YYY         | Y                                       |              |
| Official                   | Form 10                               | 6J  |   |                       |   |              |
| Schedul                    | e J: Your                             | Expenses  |   |                       |   | 12/15        |
| information. If            |                                       | as possible. If two married people a<br>eeded, attach another sheet to this<br>ion. |   |                       |   | nber         |
| Part 1: Des                | cribe Your Ho                         | usehold   |   |                       |   |              |
| 1. Is this a join          | int case?                             |   |   |                       |   |              |
| ✓ No. G                    | o to line 2                           |   |   |                       |   |              |
| Yes. D                     | oes Debtor 2 live                     | e in a separate household?  |   |                       |   |              |
|                            | No                                    |   |   |                       |   |              |
| [                          | Yes. Debtor 2                         | must file Official Forms 106J-2, Expen  | ses for Separate Household of Debi                  | for 2.                |   |              |
| 2. Do you hav              | ve dependents?                        | No  |   |                       |   |              |
| Do not list I<br>Debtor 2. | Debtor 1 and                          | Yes. Fill out this information for each dependent                                   | Dependent's relationship to<br>Debtor 1 or Debtor 2 | Dependent's           | Does depender with you?                 | nt live      |
| 20010. 21                  |                                       |   | Child   | <b>age</b><br>3 years | No.                                     |              |
|                            |                                       |   |   |                       | ✓ Yes.                                  |              |
|                            | penses include<br>of people other     | <b>✓</b> No   |   |                       |   |              |
| than                       |                                       | Yes   |   |                       |   |              |
| yourself an<br>dependent   | -                                     | ш   |   |                       |   |              |
| Part 2: Esti               | mate Your Ong                         | going Monthly Expenses  |   |                       |   |              |
| -                          | of a date after th                    | your bankruptcy filing date unless y<br>e bankruptcy is filed. If this is a sup     |   |                       | -                                       | e            |
|                            | •                                     | h non-cash government assistance i<br>luded it on Schedule I: Your Income           | •   |                       | Your                                    | expenses     |
|                            | I or home owner<br>or the ground or k | ship expenses for your residence. In ot. 4.   | clude first mortgage payments and                   |                       | 4.                                      | \$597.00     |
| If not inc                 | luded in line 4:                      |   |   |                       |   |              |
| 4a. Real e                 | state taxes                           |   |   |                       | 4a                                      | \$0.00       |

\$0.00

\$0.00

\$0.00

4b.

4c.

4d.

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

#### Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 36 of 73

Debtor 1 Patrina A Clay Case number (if known)
First Name Middle Name Last Name

| First Name   | Middle Name Last Name  |     |               |
|--|--|-----|---------------|
|  |  |     | Your expenses |
| 5. Additional mortgage payments for                                      | r your residence, such as home equity loans                          | 5.  | \$0.00        |
| 6. Utilities:  |  |     |               |
| 6a. Electricity, heat, natural gas                                       |  | 6a. | \$175.00      |
| 6b. Water, sewer, garbage collection                                     |  | 6b. | \$0.00        |
| 6c. Telephone, cell phone, Internet,                                     | satellite, and cable services  | 6c. | \$210.00      |
| 6d. Other. Specify:  |  | 6d  | \$0.00        |
| $7.\ {\bf Food\ and\ housekeeping\ supplies}$                            |  | 7.  | \$242.20      |
| 8. Childcare and children's education                                    | n costs  | 8.  | \$0.00        |
| 9. Clothing, laundry, and dry cleanin                                    | g  | 9.  | \$125.00      |
| 10. Personal care products and serv                                      | ices   | 10. | \$75.00       |
| 11. Medical and dental expenses  |  | 11. | \$0.00        |
| 12. <b>Transportation.</b> Include gas, main Do not include car payments | tenance, bus or train fare.  | 12. | \$85.00       |
| 13. Entertainment, clubs, recreation                                     | , newspapers, magazines, and books                                   | 13. | \$0.00        |
| 14. Charitable contributions and reli                                    | gious donations  | 14. | \$100.00      |
| 15. <b>Insurance.</b> Do not include insurance deducted                  | from your pay or included in lines 4 or 20.                          |     |               |
| 15a. Life insurance  |  | 15a | \$0.00        |
| 15b. Health insurance  |  | 15b | \$0.00        |
| 15c. Vehicle insurance   |  | 15c | \$106.00      |
| 15d. Other insurance. Specify:   |  | 15d | \$0.00        |
| 16. Taxes. Do not include taxes deduct                                   | ted from your pay or included in lines 4 or 20.                      |     |               |
| Specify:   |  | 10  | \$0.00        |
| 17. Installment or lease payments:                                       |  | 16  |               |
| 17a. Car payments for Vehicle 1  |  | 17a | \$0.00        |
| 17b. Car payments for Vehicle 2  |  | 17b | \$0.00        |
|  |  | 17c | \$0.00        |
| 17d. Other. Specify:   |  | 17d | \$0.00        |
| · · · · · · · · · · · · · · · · · · ·                                    | tenance, and support that you did not report as deducted from        | 170 | \$0.00        |
| your pay on line 5, Schedule I, Y  | , ,, ,   | 18. | \$0.00        |
| 19.Other payments you make to sup  | port others who do not live with you.                                |     |               |
| Specify:   |  | 19. | \$0.00        |
| 20. Other real property expenses not                                     | included in lines 4 or 5 of this form or on Schedule I: Your Income. |     |               |
| 20a. Mortgages on other property   |  | 20a | \$0.00        |
| 20b. Real estate taxes.  |  | 20b | \$0.00        |
| 20c. Property, homeowner's, or ren                                       | ter's insurance  | 20c | \$0.00        |
| 20d. Maintenance, repair, and upker                                      | ep expenses.   | 20d | \$0.00        |
| 20e. Homeowner's association or co                                       | ondominium dues  | 20e | \$0.00        |

# Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 37 of 73

| Debtor 1          |  |                         | Α                       | Clay  | Case number (if known) |     |   |            |
|-------------------|--|-------------------------|-------------------------|---|------------------------|-----|---|------------|
|                   | First Na   | me                      | Middle Name             | Last Name   |                        |     |   |            |
| 21. <b>Othe</b> i | r. Speci   | fy:                     |                         |   |                        | 21  |   | \$0.00     |
|                   |  |                         |                         |   |                        |     |   |            |
|                   | -  | our monthly expenses    | <b>5.</b>               |   |                        |     | _ | \$1,715.20 |
|                   |  | s 4 through 21.         |                         |   |                        |     | _ | \$0.00     |
|                   | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 |                         |                         |   |                        |     |   | \$1,715.20 |
| 22c. A            | Add line   | 22a and 22b. The resu   | ılt is your monthly exp | penses.   |                        | 22. |   |            |
| 23. <b>Calc</b> u | ılate yo   | our monthly net incom   | ne.                     |   |                        |     |   |            |
| 23a. (            | Copy lin   | ie 12 (your combined m  | nonthly income) from    | Schedule I.   |                        | 23a | _ | \$2,390.20 |
| 23b. (            | Сору у   | our monthly expenses f  | rom line 22 above.      |   |                        | 23b |   | \$1,715.20 |
|                   |  | t your monthly expense  |                         | income.   |                        |     |   | \$675.00   |
| •                 | The res  | ult is your monthly net | income.                 |   |                        | 23c |   |            |
| 24 <b>Do v</b>    | nu eyn   | act an increase or dec  | crease in vour exper    | nses within the year after                                | you file this form?    |     |   |            |
| •                 | -  |                         |                         | •   |                        |     |   |            |
|                   |  |                         |                         | loan within the year or do y modification to the terms of |                        |     |   |            |
| mon               | yaye p   | ayment to increase or o | ecrease because or a    | inodincation to the terms of                              | r your mortgage:       |     |   |            |
| <b>✓</b> 1        | Мо   |                         |                         |   |                        |     |   |            |
|                   | es/  |                         |                         |   |                        |     |   |            |
|                   |  | Frankin have            |                         |   |                        |     |   |            |
|                   |  | Explain here:           |                         |   |                        |     |   |            |
|                   |  |                         |                         |   |                        |     |   |            |
|                   |  |                         |                         |   |                        |     |   |            |
|                   |  |                         |                         |   |                        |     |   |            |
|                   | L  |                         |                         |   |                        |     |   |            |
|                   |  |                         |                         |   |                        |     |   |            |
|                   |  |                         |                         |   |                        |     |   |            |
|                   |  |                         |                         |   |                        |     |   |            |

### Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 38 of 73

| Fill in this information to identify your case: |                           |             |                              |  |  |  |  |  |
|---|---------------------------|-------------|------------------------------|--|--|--|--|--|
| Debtor 1  | Patrina                   | А           | Clay                         |  |  |  |  |  |
|   | First Name                | Middle Name | Last Name                    |  |  |  |  |  |
| Debtor 2  |                           |             |                              |  |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |  |  |
| Case number (If known)                          |                           |             | ()                           |  |  |  |  |  |

#### Official Form 106Dec

|   | Check if this is an |
|---|---------------------|
| _ | amended filing      |

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par   | t 1: Sign Below  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? |  |  |  |  |  |  |  |  |
|   | ✓ No   |  |  |  |  |  |  |  |
|   | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and<br>Signature (Official Form 119). |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   | Under penalty of perjury, I declare that I have read the summary that they are true and correct. | and schedules filed with this declaration and  |  |  |  |  |  |  |
| ×   | /s/ Patrina Clay   | ×  |  |  |  |  |  |  |
|   | Signature of Debtor 1  | Signature of Debtor 2  |  |  |  |  |  |  |
|   | Date 3/19/2018   | Date   |  |  |  |  |  |  |
|   | MM/DD/YYYY   | MM/DD/YYYY   |  |  |  |  |  |  |

Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 39 of 73

| Fill in         | n this in      | formation to identify your  | case:                |                            |                  |            |          |                            |
|-----------------|----------------|---|----------------------|----------------------------|------------------|------------|----------|----------------------------|
| Deb             | tor 1          | Patrina   | А                    | Clay                       |                  |            |          |                            |
| Deb             | tor 2          | First Name  | Middle               | Name Last Na               | me               |            |          |                            |
|                 | use, if filing | g) First Name   | Middle               | Name Last Na               | me               |            |          |                            |
| Unit            | ed State       | es Bankruptcy Court for the   | : Northern           | District of Illin          | nois<br>ate)     |            |          |                            |
| Case<br>(If kno | e numbe        | er  |                      |                            |                  |            |          |                            |
|                 | ,              | 15 407  |                      |                            |                  |            |          | Check if this is a         |
| <u>Ot</u>       | ticia          | ll Form 107   |                      |                            |                  |            |          | amended filing             |
| Sta             | atem           | ent of Financi  | al Affairs f         | or Individuals             | Filing for       | Bankru     | ıptcy    | 04/1                       |
| infor           | mation         | olete and accurate as p<br>n. If more space is need<br>known). Answer every | ded, attach a sep    |                            |                  |            |          |                            |
|                 |                | ive Details About You   |                      | and Where You Live         | d Before         |            |          |                            |
| 1.              | What           | is your current marital s   | status?              |                            |                  |            |          |                            |
|                 |                | Married   |                      |                            |                  |            |          |                            |
|                 | <b>▼</b>       | Not married   |                      |                            |                  |            |          |                            |
| 2.              | Durin          | ng the last 3 years, have   | you lived anywher    | e other than where you     | live now?        |            |          |                            |
|                 | <b>✓</b> N     | No  |                      |                            |                  |            |          |                            |
|                 |                | Yes. List all of the places   | you lived in the las | t 3 years. Do not include  | where you live n | ow.        |          |                            |
|                 |                |   |                      |                            |                  |            |          |                            |
|                 |                | Debtor 1:   |                      | Dates Debtor 1 lived there | Debtor 2:        |            |          | Dates Debtor 2 lived there |
|                 |                |   |                      |                            | Same as          | Debtor 1   |          | Same as Debtor 1           |
|                 | -              | Number Street   |                      | From                       | Number Stree     | <b>x</b> + |          | From                       |
|                 | -<br>-         | Number Street   |                      | То                         |                  |            |          |                            |
|                 | _              |   |                      |                            |                  |            |          |                            |
|                 |                | City State  | Zip Code             |                            | City             | State      | Zip Code | Come as Dahtau 1           |
|                 |                |   |                      |                            | Same as          | Deptor I   |          | Same as Debtor 1           |
|                 | Ī              | Number Street   |                      | From                       | Number Stree     | et         |          | From                       |
|                 | _              |   |                      | To                         |                  |            |          | To                         |
|                 | -              | City State  | Zip Code             |                            | City             | State      | Zip Code |                            |
|                 |                |   |                      |                            |                  |            |          |                            |
| 3.              |                | the last 8 years, did you<br>ritories include Arizona, Cal                  |                      |                            |                  |            |          | mmunity property states    |
|                 | <b>√</b> No    | )   |                      |                            |                  |            |          |                            |
|                 | Ye             | es. Make sure you fill out  | Schedule H: Your     | Codebtors (Official Forn   | n 106H).         |            |          |                            |

Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 40 of 73

|  | come   |  |  |  |
|--|--|--|--|--|
| Did you have any income from employmer Fill in the total amount of income you receive activities. If you are filing a joint case and you have any income from employment you have any income you receive activities. If you are filing a joint case and you have any income from employment you have any income from employment you have any income you have any income you have any income you have any income from employment you have any income you have any | ved from all jobs and all bu   | sinesses, including part-time  | -  | years?   |
| _  | Debtor 1   |  | Debtor 2   |  |
|  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions an<br>exclusions) |
| From January 1 of current year until the date you filed for bankruptcy:  | Wages, commissions, bonuses, tips Operating a business   | \$7105.52  | Wages, commissions, bonuses, tips Operating a business   |  |
| For last calendar year: (January 1 to December 31, 2017 )  YYYY  | Wages, commissions, bonuses, tips Operating a business   | \$15000.00   | Wages, commissions, bonuses, tips Operating a business   |  |
| For the calendar year before that: (January 1 to December 31,  | Wages, commissions, bonuses, tips  | \$16000.00   | Wages,<br>commissions,<br>bonuses, tips  | _  |
| Did you receive any other income during  | -  | =  | Operating a business   | /. unemployment. and oth                             |
|  | business  g this year or the two prencome is taxable. Example come; interest; dividends; you received together, list   | s of other income are alimony;<br>money collected from lawsuits<br>it only once under Debtor 1.  | Operating a business  child support; Social Security royalties; and gambling and   |  |
| Did you receive any other income during Include income regardless of whether that in public benefit payments; pensions; rental in filling a joint case and you have income that List each source and the gross income from   | business  g this year or the two prencome is taxable. Example come; interest; dividends; you received together, list   | s of other income are alimony;<br>money collected from lawsuits<br>it only once under Debtor 1.  | Operating a business  child support; Social Security royalties; and gambling and   |  |
| Did you receive any other income during Include income regardless of whether that in public benefit payments; pensions; rental in filling a joint case and you have income that List each source and the gross income from   | business g this year or the two prencome is taxable. Example come; interest; dividends; you received together, list in each source separately.                             | s of other income are alimony;<br>money collected from lawsuits<br>it only once under Debtor 1.  | Operating a business  child support; Social Security royalties; and gambling and listed in line 4.                               |  |
| Did you receive any other income during Include income regardless of whether that in public benefit payments; pensions; rental in filling a joint case and you have income that List each source and the gross income from   | business g this year or the two prencome is taxable. Example come; interest; dividends; you received together, list in each source separately. Debtor 1  Sources of income | s of other income are alimony; money collected from lawsuits it only once under Debtor 1.  To not include income that you Gross income from each source (before deductions | Operating a business  child support; Social Security; royalties; and gambling and listed in line 4.  Debtor 2  Sources of income | Gross income from each source (before deductions     |
| Did you receive any other income during Include income regardless of whether that in public benefit payments; pensions; rental in filling a joint case and you have income that List each source and the gross income from No  Yes. Fill in the details.  From January 1 of current year until   | business g this year or the two prencome is taxable. Example come; interest; dividends; you received together, list in each source separately. Debtor 1  Sources of income | Gross income from each source (before deductions) and exclusions)  | Operating a business  child support; Social Security; royalties; and gambling and listed in line 4.  Debtor 2  Sources of income | Gross income from each source (before deductions     |

Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 41 of 73

Debtor 1 Patrina Clay Case number (if known) First Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Amount you still owe Was this payment Dates of payment Total amount paid for Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Number Street Credit card Loan repayment Citv Suppliers or State 7in Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Suppliers or Zip Code vendors Other

# Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 42 of 73

| 1          | Patrina Patrina                                       |   | A   | Cla                                    |   | Case number (                               | (II KIIOWII)   |
|------------|---|---|---|--|---|---|--|
|            | First Name  |   | Middle Name   | Last                                   | Name  |   |  |
| nsi<br>orp | ders include your re<br>porations of which            | elatives; any<br>you are an<br>or a busine: | y general partners<br>officer, director, p<br>ss you operate as | ; relatives of any goerson in control, | general partners; partr<br>or owner of 20% or r | nerships of which y<br>more of their voting | who was an insider?  you are a general partner; g securities; and any managing c domestic support obligations, |
| <b>✓</b>   | No  |   |   |  |   |   |  |
| ╣          | Yes. List all paym                                    | nents to ar                                 | n insider.  |  |   |   |  |
| _          |   |   |   | Dates of                               | Total amount                                    | Amount you                                  | Reason for this payment  |
|            |   |   |   | payment                                | paid  | still owe                                   |  |
|            | Insider's Name  |   |   |  |   |   |  |
|            | Number Street   |   |   |  |   |   |  |
|            | City  | State                                       | Zip Code  |  |   |   |  |
|            | Insider's Name  |   |   |  |   |   |  |
|            |   |   |   |  |   |   |  |
|            | Number Street   |   |   |  |   |   |  |
|            | City S  | State                                       | Zip Code  |  |   |   |  |
|            | der?<br>ude payments on d<br>No<br>Yes. List all paym |   | _   | d by an insider.                       |   |   |  |
|            |   |   | denetited an ins  | Dates of payment                       | Total amount paid                               | Amount you still owe                        | Reason for this payment  Include creditor's name   |
|            | Insider's Name  |   | oenerited an ins  | Dates of                               |   | -   |  |
|            | Insider's Name  Number Street                         |   | penerited an ins  | Dates of                               |   | -   |  |
|            |   |   | Denerited an ins  | Dates of                               |   | -   |  |
| _          | Number Street   | State                                       | Zip Code  | Dates of                               |   | -   |  |
|            | Number Street   | State                                       |   | Dates of                               |   | -   |  |
|            | Number Street  City S                                 | State                                       |   | Dates of                               |   | -   |  |
| _          | Number Street  City S  Insider's Name  Number Street  | State                                       |   | Dates of                               |   | -   |  |

Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 43 of 73

| Least Name   Lea   | Debtor 1 |                              | Α                    | Clay               | Case         | e number <i>(if kn</i> | own)     |                    |
|--|----------|------------------------------|----------------------|--------------------|--------------|------------------------|----------|--------------------|
| Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?  List all such matters, including personal injury cases, small claims actions, divorces, collection suits, patemity actions, support or custody modifications, and contract disputes.    No  |          | •                            |                      |                    |              |                        |          |                    |
| List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.  No Yes. Fill in the details.    Case title  | Part 4:  | <b>Identify Legal Action</b> | ns, Repossessions, a | nd Foreclosures    |              |                        |          |                    |
| Yes, Fill in the details.   Nature of the case   | List     | all such matters, including  |                      |                    |              |                        |          |                    |
| Case title  Case number  Case title  Case number  Case title  Case number  C |          |                              |                      |                    |              |                        |          |                    |
| Case number  Case number  Case number  Case title  Case number  Case title  Case number  NumberStreet  Concluded  City State Zip Code  Describe the property repossessed, foreclosed, garnished, attached, seized, or levied?  Creditor's Name  Explain what happened  Number Street  Property was repossessed.  Property was foreclosed.  Property was gamished.   |          |                              | Natu                 | ire of the case    | Court or age | ncv                    |          | Status of the case |
| Case number    NumberStreet  |          | Case title                   |                      |                    |              | •                      |          | Pending            |
| Case title  Case number  Court Name  NumberStreet  Court Name  NumberStreet  Concluded  City State Zip Code  Number Street  Check all that apply and fill in the details below.  Pescribe the property  Date  Value of the property  Property was repossessed.  Property was foreclosed.  Property was foreclosed.  Property was gamished.  |          |                              |                      |                    | Court Name   |                        |          | On appeal          |
| Case title  Case number  NumberStreet  City State Zip Code  City State Zip Code  Concluded  City State Zip Code  Concluded  Conclud |          | Case number                  |                      |                    | NumberStreet |                        |          | Concluded          |
| Case number  Case number  Case number  Case number  Case number  NumberStreet  City State Zip Code  10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?  Check all that apply and fill in the details below.  No. Go to line 11.  Yes. Fill in the information below.  Describe the property  Date Value of the property  Creditor's Name  Explain what happened  Number Street  Property was repossessed.  Property was foreclosed.  Property was garnished.   |          |                              |                      |                    | City         | State                  | Zip Code |                    |
| Case number    NumberStreet  |          | Case title                   |                      |                    |              |                        |          | Pending            |
| Number Street    City   State   Zip Code   |          | Case number                  |                      |                    | Court Name   |                        |          | On appeal          |
| 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?  Check all that apply and fill in the details below.  No. Go to line 11.  Yes. Fill in the information below.  Describe the property  Date  Value of the property  Creditor's Name  Explain what happened  Number Street  Property was repossessed.  Property was foreclosed.  Property was garnished.  |          |                              |                      |                    | NumberStreet |                        |          | Concluded          |
| Check all that apply and fill in the details below.  No. Go to line 11.  Yes. Fill in the information below.  Describe the property  Date  Value of the property  Creditor's Name  Explain what happened  Number Street  Property was repossessed.  Property was foreclosed.  Property was garnished.  |          |                              |                      |                    | City         | State                  | Zip Code |                    |
| Number Street  Property was repossessed.  Property was foreclosed.  Property was garnished.  | _        |                              |                      | Describe the prope | erty         |                        | Date     |                    |
| Number Street  Property was repossessed.  Property was foreclosed.  Property was garnished.  |          | Creditor's Name              |                      | Explain what happe | ened         |                        |          |                    |
| City State Zip Code  Property was foreclosed.  Property was garnished.   |          | Number Street                |                      | -                  |              |                        |          |                    |
| City State Zip Code Property was garnished.  |          |                              |                      | Property was rep   | oossessed.   |                        |          |                    |
| City State Zip Code 😾  |          |                              |                      | <b>□</b> ' '       |              |                        |          |                    |
|  |          | City State                   | e Zip Code           | <u>=</u>           |              | levied.                |          |                    |
| Describe the property  Date  Value of the property   |          |                              |                      | Describe the prope | erty         |                        | Date     |                    |
|  |          |                              |                      |                    |              |                        |          |                    |
| Creditor's Name  Explain what happened   |          | Creditor's Name              |                      | Explain what happe | ened         |                        |          |                    |
| Number Street  |          | Number Street                |                      | -                  |              |                        |          |                    |
| Property was repossessed.  |          |                              |                      | . 🗀 ்              |              |                        |          |                    |
| Property was foreclosed.   |          |                              |                      |                    |              |                        |          |                    |
| City State Zip Code Property was garnished.  Property was garnished.  Property was attached, seized, or levied.  |          | City State                   | e Zip Code           |                    |              | levied.                |          |                    |

# Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 44 of 73

| Debt | or 1     | Patrina  | Α                      | Clay                           | Case number (if known)            |                                |                     |
|------|----------|--|------------------------|--------------------------------|-----------------------------------|--------------------------------|---------------------|
|      |          | First Name   | Middle Name            | Last Name                      |                                   |                                |                     |
| 11.  |          | thin 90 days before you fil<br>counts or refuse to make  |                        |                                | ank or financial institution, set | off any amou                   | ints from your      |
|      | <b>✓</b> | No Yes. Fill in the details.                             |                        |                                |                                   |                                |                     |
|      | Ш        | Tes. I III III II e details.                             |                        |                                |                                   |                                |                     |
|      |          |  |                        | Describe the action the        |                                   | Date action<br>was taken       | Amount              |
|      |          | Creditor's Name  |                        | -                              | -                                 |                                |                     |
|      |          | Number Street  |                        | -                              |                                   |                                |                     |
|      |          |  |                        | _ Last 4 digits of account n   | umber: XXXX-                      |                                |                     |
|      |          | City State   | Zip Code               | _                              |                                   |                                |                     |
|      |          | hin 1 year before you file<br>pointed receiver, a custoo |                        |                                | oossession of an assignee for t   | he benefit of o                | creditors, a court- |
|      | <b>✓</b> | No   |                        |                                |                                   |                                |                     |
|      |          | Yes  |                        |                                |                                   |                                |                     |
| Part | 5:       | List Certain Gifts and                                   | Contributions          |                                |                                   |                                |                     |
| 13.  | Wi       | thin 2 years before you fi                               | led for bankruptcy, di | d you give any gifts with a to | tal value of more than \$600 po   | er person?                     |                     |
|      | <b>✓</b> |  |                        |                                |                                   |                                |                     |
|      |          | Yes. Fill in the details fo                              | r each gift.           |                                |                                   |                                |                     |
|      |          | Gifts with a total value per person                      | of more than \$600     | Describe the gifts             | ,                                 | Dates you<br>gave the<br>gifts | Value               |
|      |          |  |                        |                                |                                   |                                |                     |
|      |          | Person to Whom You Gar                                   | ve the Gift            | -<br>-                         |                                   |                                |                     |
|      |          | Number Street  |                        | -                              |                                   |                                |                     |
|      |          | City State   | Zip Code               | _                              |                                   |                                |                     |
|      |          | Person's relationship to yo                              | ou                     |                                |                                   |                                |                     |
|      |          | Person to Whom You Ga                                    | ve the Gift            | _                              | -                                 |                                |                     |
|      |          | - Sison to Whom Tou da                                   | TO GIO GIIL            | -                              |                                   |                                |                     |
|      |          | Number Street  |                        | -                              |                                   |                                |                     |
|      |          | City State   | Zip Code               | -                              |                                   |                                |                     |
|      |          | Person's relationship to ye                              | ou                     |                                |                                   |                                |                     |

# Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 45 of 73

| btor 1   | Patrina                                       | Α                        | Clay                              | Case number (if know      | wn)                   |                    |
|----------|---|--------------------------|-----------------------------------|---------------------------|-----------------------|--------------------|
|          | First Name                                    | Middle Name              | Last Name                         |                           |                       |                    |
|          |   |                          |                                   |                           |                       |                    |
| Wi       | thin 2 years before you                       | filed for bankruptcy, d  | id you give any gifts or contribu | tions with a total value  | of more than \$600    | to any charity?    |
| <b>V</b> | No  |                          |                                   |                           |                       |                    |
| F        | ı<br>İ. Yes. Fill in the details f            | or each gift or contribu | ıtion.                            |                           |                       |                    |
|          |   | _                        |                                   | t. r. d                   | D. L.                 | W.L.               |
|          | Gifts or contributions that total more than S |                          | Describe what you contri          | butea                     | Date you contributed  | Value              |
|          | that total more than s                        | 5000                     |                                   |                           | Contributed           |                    |
|          |   |                          | <u> </u>                          |                           |                       |                    |
|          | Charity's Name                                |                          |                                   |                           |                       |                    |
|          | -   |                          | _                                 |                           |                       |                    |
|          | -   |                          | _                                 |                           |                       |                    |
|          | Number Street                                 |                          |                                   |                           |                       |                    |
|          | City Stat                                     | e Zip Code               | _                                 |                           |                       |                    |
|          | Oily Stat                                     | e Zip Code               |                                   |                           |                       |                    |
| 6:       | List Certain Losses                           |                          |                                   |                           |                       |                    |
| _        |   |                          |                                   |                           |                       |                    |
|          |   | led for bankruptcy or s  | since you filed for bankruptcy, d | lid you lose anything bed | cause of theft, fire, | other disaster, or |
| yaı<br>_ | nbling?                                       |                          |                                   |                           |                       |                    |
| ✓        | No  |                          |                                   |                           |                       |                    |
| П        | Yes. Fill in the details.                     |                          |                                   |                           |                       |                    |
|          | Describe the property                         | vou lost and             | Describe any insurance of         | overage for the less      | Date of your          | Value of property  |
|          | how the loss occurred                         |                          | Include the amount that ins       |                           | loss                  | lost               |
|          |   |                          | pending insurance claims of       |                           |                       |                    |
|          |   |                          | A/B: Property.                    |                           |                       |                    |
|          |   |                          |                                   |                           |                       |                    |
|          | List Certain Payme                            |                          |                                   |                           |                       |                    |
|          | No  |                          |                                   |                           |                       |                    |
| ✓        | Yes. Fill in the details.                     |                          |                                   |                           |                       |                    |
|          |   |                          | Description and value of a        | any property              | Date payment          | Amount of          |
|          |   |                          | transferred                       |                           | or transfer           | payment            |
|          |   |                          |                                   |                           | was made              |                    |
|          | Semrad Law Firm Person Who Was Paid           |                          | Attorney's Fee - 350.00           |                           | 3/15/2018             | \$350.00           |
|          | 20 S. Clark Street                            |                          |                                   |                           |                       |                    |
|          | Number Street                                 |                          | <del>-</del>                      |                           |                       |                    |
|          |   |                          |                                   |                           |                       |                    |
|          | 28th Floor                                    |                          | _                                 |                           |                       |                    |
|          | Chicago Illino                                |                          | _                                 |                           |                       |                    |
|          | City Stat                                     | e Zip Code               |                                   |                           |                       |                    |
|          | Email or website addres                       | is.                      | _                                 |                           |                       |                    |
|          | 5. 11 05 0110 44 41 63                        | -                        |                                   |                           |                       |                    |
|          | Person Who Made the I                         | Payment, if Not You      | _                                 |                           |                       |                    |
|          |   |                          |                                   |                           |                       |                    |
|          | Person Who Was Paid                           |                          | _                                 |                           |                       |                    |
|          |   |                          | _                                 |                           |                       |                    |
|          | Number Street                                 |                          | _                                 |                           |                       |                    |
|          | -   |                          | _                                 |                           |                       |                    |
|          |   |                          |                                   |                           |                       |                    |
|          | City Stat                                     | e Zip Code               | _                                 |                           |                       |                    |
|          | Oity  | e zip oode               |                                   |                           |                       |                    |
|          |   | •                        |                                   |                           |                       |                    |
|          | Email or website addres                       | •                        | _                                 |                           |                       |                    |
|          |   | s                        | _                                 |                           |                       |                    |

# Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 46 of 73

| h               | elp you deal with your creditor to not include any payment or train              | s or to make paym                        |   | ehalf pay or transfer any pro                           | pperty to anyone  | who promised to              |
|-----------------|--|--|---|---|-------------------|------------------------------|
| h               | elp you deal with your creditor to not include any payment or train              | s or to make paym                        | ents to your creditors?                     | ehalf pay or transfer any pro                           | pperty to anyone  | who promised to              |
| <u> </u>        | J No   |  | OII III O 1 O.                              |   |                   |                              |
|                 | No   |  |   |   |                   |                              |
|                 | Yes. Fill in the details.  |  |   |   |                   |                              |
|                 |  |  | Description and value of any pr transferred | paym  | ent or<br>fer was | unt of payment               |
|                 | Person Who Was Paid  |  | •   |   |                   |                              |
|                 | Number Street  |  | •   |   |                   |                              |
|                 | City State   | Zip Code                                 |   |   |                   |                              |
| <b>th</b><br>In | ne ordinary course of your busi  | ness or financial a<br>transfers made as | security (such as the granting of a secu    |   |                   |                              |
| Ē               | Yes. Fill in the details.  |  |   |   |                   |                              |
| Ī               | _  |  | Description and value of proper transferred | Describe any proper<br>payments received<br>in exchange |                   | Date<br>transfer was<br>made |
|                 | Person Who Received Transfe  | er                                       | -   |   |                   | ·                            |
|                 | Number Street  |  |   |   |                   |                              |
|                 | City State<br>Person's relationship to you                                       | Zip Code                                 |   |   |                   |                              |
|                 | Person Who Received Transfe  | er                                       |   |   |                   |                              |
|                 | Number Street  |  |   |   |                   |                              |
|                 | City State<br>Person's relationship to you                                       | Zip Code                                 |   |   |                   |                              |
| b               | /ithin 10 years before you filed eneficiary? These are often called asset-proter |  | d you transfer any property to a self       | -settled trust or similar dev                           | ice of which you  | are a                        |
| Ŀ               | No   | ,  |   |   |                   |                              |
| F               | Yes. Fill in the details.  |  |   |   |                   |                              |
| Ĭ               |  |  | Description and value of the p              | roperty transferred                                     |                   | Date<br>transfer was<br>made |

#### Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 47 of 73

Debtor 1 Patrina Case number (if known) First Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance number instrument account was before closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City Zip Code State XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code State Zip Code 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Yes Number Street Number Street Citv State 7in Code

City

State

Zip Code

#### Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 48 of 73

Debtor 1 Patrina Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. **✓** No Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code State Zip Code **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Date of Environmental law, if you know it notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code Zip Code State 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code City State Zip Code

# Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 49 of 73

| Deb  | tor 1 | Patrina                    |                                | A                | Clay   | Case                | e number <i>(if</i> | fknown)                                  |                    |
|------|-------|----------------------------|--------------------------------|------------------|--|---------------------|---------------------|--|--------------------|
|      |       | First Name                 |                                | Middle Name      | Last Name  |                     |                     |  |                    |
| 26.  | Hav   | e you been a party         | y in any judici                | al or administra | ative proceeding unde  | er any environmen   | tal law? In         | clude settlements and                    | d orders.          |
|      |       | No<br>Yes. Fill in the det | ails.                          |                  |  |                     |                     |  |                    |
|      |       |                            |                                | 1                | Court or agency  |                     | Nature o            | of the case                              | Status of the case |
|      |       | Case title                 |                                |                  | Court Name   |                     |                     |  | Pending            |
|      |       | Case number                |                                | i                | NumberStreet   |                     |                     |  | On appeal          |
|      |       |                            |                                | ā                | City State   | Zip Code            |                     |  | Concluded          |
| Part | t 11: | Give Details Ab            | oout Your B                    | usiness or Co    | nnections to Any B   | usiness             |                     |  |                    |
| 27.  | Witl  | nin 4 years before         | you filed for b                | ankruptcy, did   | you own a business o   | r have any of the f | following c         | onnections to any bus                    | iness?             |
|      |       | A member of A partner in a | a limited liabi<br>partnership | lity company (L  | de, profession, or othe LC) or limited liability peep of a corporation | =                   | ull-time or p       | oart-time                                |                    |
|      |       |                            |                                |                  | quity securities of a co   | orporation          |                     |  |                    |
|      |       | No. None of the a          |                                |                  |  | ,                   |                     |  |                    |
|      |       |                            |                                |                  | details below for each   | business.           |                     |  |                    |
|      |       |                            | ,,,                            |                  |  | ture of the busines | ss                  | Employer Identificat include Social Secu |                    |
|      |       | Business Name              |                                |                  | _  |                     |                     | EIN:                                     |                    |
|      |       | Number Street              |                                |                  | Name of accoun   | ntant or bookkeep   | er                  | Dates business exist                     | ted                |
|      |       | City                       | State                          | Zip Code         | _  |                     |                     | FromTo                                   |                    |
|      |       |                            |                                |                  |  |                     |                     |  |                    |
|      |       |                            |                                |                  | Describe the na  | ture of the busines | ss                  | Employer Identificat include Social Secu |                    |
|      |       | Business Name              |                                |                  | _  |                     |                     | EIN:                                     |                    |
|      |       | Number Street              |                                |                  | Name of accoun   | ntant or bookkeep   | er                  | Dates business exist                     | ted                |
|      |       | City                       | State                          | Zip Code         | _  |                     |                     | FromTo                                   |                    |
|      |       |                            |                                |                  |  |                     |                     |  |                    |
|      |       |                            |                                |                  | Describe the na  | ture of the busines | SS                  | Employer Identificat include Social Secu |                    |
|      |       | Business Name              |                                |                  | _  |                     |                     | EIN:                                     |                    |
|      |       | Number Street              |                                |                  | Name of accoun   | ntant or bookkeep   | er                  | Dates business exist                     | ted                |
|      |       | City                       | State                          | Zip Code         | _  |                     |                     | FromTo                                   |                    |
|      |       |                            |                                |                  |  |                     |                     |  |                    |

# Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 50 of 73

| Debt | tor 1      | Patrina  | Α   | Clay                          | Case number (if known)  |
|------|------------|--|---|-------------------------------|---|
|      |            | First Name   | Middle Name   | Last Name                     |   |
| 28.  |            | hin 2 years before you filed<br>ditors, or other parties.<br>No  | for bankruptcy, did you                               | give a financial statement    | to anyone about your business? Include all financial institutions,  |
|      |            | Yes. Fill in the details below   | V.  |                               |   |
|      |            |  |   | Date issued                   |   |
|      |            | Name   | _   | MM/DD/YYYY                    |   |
|      |            | Number Street  |   |                               |   |
|      |            | Number Street  |   |                               |   |
|      |            | City State   | Zip Code  |                               |   |
| Part | 12:        | Sign Below   |   |                               |   |
| t    | rue a      | and correct. I understand to the large transfer in the large trans | hat making a false state<br>fines up to \$250,000, or | ment, concealing property,    | s, and I declare under penalty of perjury that the answers are or obtaining money or property by fraud in connection with years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|      |            | /s/ Patrina Ci   | ,   |                               | ·   |
|      |            | Signature of Deb   | otor 1  |                               | Signature of Debtor 2   |
|      |            | Date 3/19/2018   | 3   |                               | Date  |
|      | Oid y      | ou attach additional pages   | to Your Statement of Fi                               | nancial Affairs for Individua | ls Filing for Bankruptcy (Official Form 107)?   |
| Į į  | <b>√</b> N | No   |   |                               |   |
| į    | <b>=</b> Y | 'es  |   |                               |   |
|      | Did y      | ou pay or agree to pay som   | eone who is not an atto                               | rney to help you fill out ban | kruptcy forms?  |
|      | <b>✓</b> N | No   |   |                               |   |
| Ē    | <u> </u>   | es. Name of person   |   |                               | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)  |

Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 51 of 73

B2030 (Form 2030) (12/15)

#### **UNITED STATES BANKRUPTCY COURT**

|              |  | Northern Di                 | strict of Illinois            |                    |                           |
|--------------|--|-----------------------------|-------------------------------|--------------------|---------------------------|
| In re        | Patrina A Clay   |                             | Case                          | No.                |                           |
|              | Debtor   |                             |                               |                    | (If known)                |
|              |  |                             | Chap                          | oter               | Chapter 13                |
| DI           | SCLOSURE OF  | COMPENSAT                   | ION OF ATTOR                  | NEY FOR            | DEBTOR                    |
| compen       | nt to 11 U.S.C. § 329(a) and<br>nsation paid to me within on<br>d or to be rendered on behal | e year before the filing of | the petition in bankruptcy, o | or agreed to be pa | id to me, for services    |
| For lega     | al services, I have agreed to a  | ccept                       |                               |                    | \$4,000.00                |
| Prior to     | the filing of this statement I   | have received               |                               |                    | \$350.00                  |
| Balance      | e Due  |                             |                               |                    | \$3,650.00                |
| 2. The sou   | irce of the compensation pai   | d to me was:                |                               |                    |                           |
|              | Debtor   | Other (spe                  | cify)                         |                    |                           |
| 3. The sou   | urce of the compensation pai   | d to me is:                 |                               |                    |                           |
|              | <b>✓</b> Debtor  | Other (spe                  | cify)                         |                    |                           |
|              | ave not agreed to share the a<br>mbers and associates of my                                  |                             | eation with any other person  | unless they are    |                           |
| ☐ mei        | ave agreed to share the above<br>mbers or associates of my la<br>people sharing in the comp  | w firm. A copy of the agr   |                               |                    |                           |
| 5. In return | n for the above-disclosed fee  | e, I have agreed to render  | legal service for all aspects | of the bankruptcy  | case, including:          |
|              | Analysis of the debtor's fina<br>bankruptcy;   | ncial situation, and rende  | ering advice to the debtor in | determining whet   | her to file a petition in |
| b.           | Preparation and filing of any  | petition, schedules, stat   | ements of affairs and plan w  | hich may be requ   | ired;                     |
| C.           | Representation of the debto  | r at the meeting of credito | ors and confirmation hearing  | g, and any adjourr | ned hearings thereof;     |
| d.           | Representation of the debto  | r in adversary proceeding   | s and other contested bankı   | ruptcy matters;    |                           |
| 6. By agre   | ement with the debtor(s), the  | e above-disclosed fee doe   | es not include the following  | services:          |                           |
|              |  |                             |                               |                    |                           |
|              |  | CERT                        | IFICATION                     |                    |                           |
|              | nat the foregoing is a comple<br>nis bankruptcy proceedings.                                 | ete statement of any agre   | ement or arrangement for pa   | ayment to me for r | representation of the     |
|              | 3/19/2018  |                             | /s/ Elise Harme               | ning               |                           |
|              | Date   |                             | Signature of Atto             | orney              |                           |
|              |  |                             | Semrad Law F                  | irm                |                           |
|              |  |                             | Name of law fi                | rm                 |                           |

Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 52 of 73

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

#### Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 53 of 73

6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

#### Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 54 of 73

- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
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#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

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- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

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- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$335.00
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$25.00 for expenses, leaving a balance due of \$3,985.00
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:    | 3/19/2018 |                        |
|----------|-----------|------------------------|
| Signed:  | :         |                        |
| /s/ Patr | ina Clay  |                        |
|          |           | /s/ Elise Harmening    |
| Debtor(  | s)        | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$275 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$200 | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans.
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc">http://www.justice.gov/ust/eo/hapcpa/ccde/cc</a> approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 61 of 73

#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:          | Clay, Patrina A                         | Case No  |                                     |
|-----------------|---|--|-------------------------------------|
|                 | Debtor(s)                               |  | <b>9</b> 1                          |
|                 |   | Chapter.   | Chapter13                           |
|                 | VERIFIC                                 | ATION OF CREDITOR MAT                                      | RIX                                 |
| Tr<br>knowledge | he above named Debtors hereby verify e. | that the attached list of creditors is tru                 | ue and correct to the best of their |
| Date:           | 3/19/2018                               | /s/ Clay, Patrina A<br>Clay, Patrina A<br>Signature of Deb |                                     |

Chrysler Capital 91 WALL STREET POB 666 MADISON, CT, 06443

US DEPT OF ED/GLELSI 2401 Internal Lane Attn: Chhengre Lim Madison, WI, 53704

AARON SALES & LEASE OW 6071 Broadway Merrillville, IN, 46410

Americash - Bankruptcy 880 Lee Street Suite 302 Des Plaines, IL, 60016

CashNet USA Po Box 643990 Cincinnati, OH, 45264

Chase Bank Po Box 659732 San Antonio, TX, 78265

City of Chicago Department of Finance 223 W Jackson Blvd Ste 512 C/O TALAN & KTSANES Chicago, IL, 60606

ComEd 1919 Swift Drive Oak Brook, IL, 60523

ENHANCED RECOVERY CO 8014 Bayberry Road Jacksonville, FL, 32256

IC Systems PO BOX 64437 Saint Paul, MN, 55164

Illinois Department of Employment Security PO Box 19509 Springfield, IL, 62794 Peoples Gas PO BOX 2968 Milwaukee, WI, 53201

Quantum3 Group LLC PO Box 788 Kirkland, WA, 98083

TMobile P.O. Box 742596 Cincinnati, OH, 45274

New Age Chicago Furniture 4238 S. Cottage Grove Chicago, IL, 60653

RNT DEBT PO BOX 171077 NASHVILLE, TN, 37217

Illinois Tollway PO Box 5544 Chicago, IL, 60680

IRS 1 PO Box 7346 Philadelphia, PA, 19101

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 65 of 73

6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

#### Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 66 of 73

- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
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Date: 3/15/2018

Signed:

/s/ Patrina Clay

Debtor(s)

/s/ Elise Harmening

Attorney for Debtor(s)

Do not sign if the fee amounts at top of this page are blank.

# Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 69 of 73

| Debtor 1 Patrina First Name   |  | Clay Case number  | (if known)   |
|---|--|---|--|
|   | uestions for Reporting Purposes  |   |  |
| 16. What kind of debts do<br>you have?  | "incurred by an individual No. Go to line 16b. Yes. Go to line 17.  16b. Are your debts primarily money for a business or ir No. Go to line 16c. Yes. Go to line 17.   | primarily for a personal, family, or h  | re debts that you incurred to obtain of the business or investment.  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that for No.  The Yes.   |   | npt property is excluded and administrative secured creditors?   |
| 18. How many creditors<br>do you estimate that<br>you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | 1,000-5,000<br>5,001-10,000<br>10,001-25,000  | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than 100,000   |
| 19. How much do you estimate your assets to be worth?   |  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million   | n \$10,000,000,001-\$50 billion  |
| 20. How much do you estimate your liabilities to be?  Part 7: Sign Below  | □ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 milli   | n \$10,000,000,001-\$50 billion  |
| For you   | correct.  If I have chosen to file under Chof title 11, United States Code. under Chapter 7.  If no attorney represents me and out this document, I have obtain I request relief in accordance will understand making a false state. | napter 7, I am aware that I may proced I understand the relief available understand the relief available understand the relief available understand the relief available understand read the notice required by the chapter of title 11, United Statement, concealing property, or obtease can result in fines up to \$250,01519, and 3571. | that the information provided is true and sed, if eligible, under Chapter 7, 11,12, or 13 der each chapter, and I choose to proceed sone who is not an attorney to help me fill 11 U.S.C. § 342(b). ates Code, specified in this petition. aining money or property by fraud in 100, or imprisonment for up to 20 years, or ture of Debtor 2 |



Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 70 of 73

| Fill in this infor           | mation to identify your ca                           | ise:                     |   |  |                                    |
|------------------------------|--|--------------------------|---|--|------------------------------------|
| Debtor 1                     | Patrina  | Α                        | Clay  | _  |                                    |
| Debtor 2                     | First Name   | Middle Name              | Last Name                                       |  |                                    |
| (Spouse, if filing)          | First Name   | Middle Name              | Last Name                                       | -  |                                    |
| United States E              | Bankruptcy Court for the:                            | Northern                 | District of Illinois                            |  |                                    |
| Case number                  |  |                          | (State)   | _  |                                    |
| (If known)                   |  |                          |   |  |                                    |
| Official                     | Form 106De   | C                        |   |  | Check if this is an amended filing |
| Declarat                     | ion About an I                                       | ndividual Deb            | tor's Schedules                                 |  | 12/15                              |
| J.S.C. §§ 152,  Part 1: Sigr | 1341, 1519, and 3571.<br>Below                       |                          |   |  |                                    |
| Patrik Sigi                  | i below  |                          |   |  |                                    |
| Did you p                    | ay or agree to pay some                              | one who is NOT an attorr | ney to help you fill out bankr                  | uptcy forms?   |                                    |
| <b>✓</b> No                  |  |                          |   |  |                                    |
| Yes.                         | Name of person                                       |                          | Attach Bankruptcy Pe<br>Signature (Official Fol | etition Preparer's Notice, Declaration, and rm 119). |                                    |
|                              |  |                          |   |  |                                    |
|                              |  |                          |   |  |                                    |
|                              |  |                          |   |  |                                    |
|                              | nalty of perjury, I declare<br>are true and correct. | that I have read the sur | nmary and schedules filed w                     | ith this declaration and                             |                                    |
|                              |  | E (1/2)                  | / <b>6</b>                                      |  |                                    |
| /s/ Patri                    | na Clay Of Debtor 1                                  | 1 TUX                    | Signature                                       | of Debtor 2  |                                    |
| o.ga.a.o                     |  |                          | Signaturo (                                     |  |                                    |

Date

MM/DD/YYYY

page 1

Date 3/15/2018

MM/DD/YYYY

# Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 71 of 73

| Debt | tor 1   | Patrina                             | Α                     | Clay                     | Case number (ffknown)   |  |  |  |
|------|---|-------------------------------------|-----------------------|--------------------------|---|--|--|--|
|      |   | First Name                          | Middle Name           | Last Name                |   |  |  |  |
| 28.  | 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial instit creditors, or other parties.   |                                     |                       |                          |   |  |  |  |
|      |   | No<br>Yes. Fill in the details belo | w.                    |                          |   |  |  |  |
|      |   |                                     |                       | Date issued              |   |  |  |  |
|      |   | Name                                |                       | MM/DD/YYYY               |   |  |  |  |
|      |   | Number Street                       |                       |                          |   |  |  |  |
|      |   | Hamber Order                        |                       |                          |   |  |  |  |
|      |   | City State                          | Zip Code              |                          |   |  |  |  |
| Part | 12:   | Sign Below                          |                       |                          |   |  |  |  |
| t    | I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines-up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |                                     |                       |                          |   |  |  |  |
|      |   | /s/ Patrina C                       | , , ,                 | 70                       | Signature of Debtor 2   |  |  |  |
|      |   | Signature of De                     | btor 1                |                          | Date  |  |  |  |
|      |   | Date 3/15/201                       | 8                     |                          | Date  |  |  |  |
|      | Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?   |                                     |                       |                          |   |  |  |  |
| [    | 기<br>진<br>V   | lo<br>'és                           |                       |                          |   |  |  |  |
|      | Oid yo  | ou pay or agree to pay sor          | neone who is not an a | ttorney to help you fill | out bankruptcy forms?   |  |  |  |
|      | <b>⊿</b> N  | lo                                  |                       |                          |   |  |  |  |
| į    | ∃ <sub>Y</sub>  | es. Name of person                  |                       |                          | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |  |  |

Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 72 of 73

#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:  | Clay, Patrina A                 | Case No.  |   |  |  |  |  |  |  |
|---|---------------------------------|---|---|--|--|--|--|--|--|
|   | Debtor(s)                       |   |   |  |  |  |  |  |  |
|   |                                 | Chapter. Chapter13  |   |  |  |  |  |  |  |
|   | VERIFICATION OF CREDITOR MATRIX |   |   |  |  |  |  |  |  |
| The above named Debtors hereby verify that the att knowledge. |                                 | e attached list of creditors is true and correct to the best of their |   |  |  |  |  |  |  |
| Date:   | 3/15/2018                       | /s/ Clay, Patrina A   | _ |  |  |  |  |  |  |
|   |                                 | Signature of Debtor   |   |  |  |  |  |  |  |



# Case 18-07909 Doc 1 Filed 03/19/18 Entered 03/19/18 15:03:54 Desc Main Document Page 73 of 73

| Debto   | r 1 Patrina<br>First Name   | A<br>Middle Name               | Clay<br>Last Name | Case number (if known) |             |  |
|---|---|--------------------------------|-------------------|------------------------|-------------|--|
| 16.   | Calculate the median family income that applies to you. Follow these steps:   |                                |                   |                        |             |  |
|   | 16a. Fill in the state in   | which you live.                | Illinois          |                        |             |  |
|   | 16b. Fill in the number   | of people in your household.   | 2                 |                        |             |  |
|   | 16c. Fill in the median family income for your state and size of household To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.   |                                |                   |                        | \$67,254.00 |  |
|   |   |                                |                   |                        |             |  |
| 17.   | How do the lines compare?   |                                |                   |                        |             |  |
|   | 17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form 122C-2).   |                                |                   |                        |             |  |
|   | 17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, <i>Disposable income is determined under 11 U.S.C. § 1325(b)(3)</i> . Go to Part 3 and fill out Calculation of Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. |                                |                   |                        |             |  |
| Part  | Part 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)  |                                |                   |                        |             |  |
| 18.   | Copy your total avera   | ge monthly income from line 11 |                   |                        | \$2,682.72  |  |
| 19.   | <ol> <li>Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the<br/>commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.</li> </ol>                           |                                |                   |                        |             |  |
|   | 19a. If the marital adjustment does not apply, fill in 0 on line 19a.   |                                |                   |                        | -\$0.00     |  |
|   | 19b. Subtract line 19   | a from line 18.                |                   |                        | \$2,682.72  |  |
| 20.   | Calculate your current monthly income for the year. Follow these steps:   |                                |                   |                        |             |  |
|   | 20a. Copy line 19b.   |                                |                   |                        | \$2,682.72  |  |
|   | Multiply by 12 (th  | e number of months in a year). |                   |                        | x 12        |  |
|   | 20b. The result is your current monthly income for the year for this part of the form.  |                                |                   |                        | \$32,192.64 |  |
|   | 20c. Copy the median family income for your state and size of household from line 16c.  |                                |                   |                        | \$67,254.00 |  |
| 21.   | . How do the lines compare?   |                                |                   |                        |             |  |
|   | Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4.  |                                |                   |                        |             |  |
|   | Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, <i>The commitment period is 5 years.</i> Go to Part 4.   |                                |                   |                        |             |  |
| Part 4: Sign Below  |   |                                |                   |                        |             |  |
| By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.  |   |                                |                   |                        |             |  |
|   |   |                                |                   |                        |             |  |
| X /s/ Patrina Clay  |   |                                |                   |                        |             |  |
| Signature of Debtor 1  Signature of Debtor 2  Date MM/DD/YYYY  MM/DD/YYYY   |   |                                |                   |                        |             |  |
|   |   |                                |                   |                        |             |  |
| WINDOTTIT   |   |                                |                   |                        |             |  |
| If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above. |   |                                |                   |                        |             |  |